# L13000002990

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ALLARAMETER FLORIDA

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT.

# BISCAYNE AND 79 PLAZA, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT A. BRANDT

Name of Person

ROBERT A. BRANDT, P.A.

Firm/Company

696 NE 125 STREET

Address

NORTH MIAMI, FL 33161

City/State and Zip Code

.claudia.godoy@imcpropertymanagement.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT A. BRANDT

at (305) 981-3222

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

**5** \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## BISCAYNE AND 79 PLAZA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

•	• • •	
The Articles of Organization for this Limited Lia	ability Company were filed on 01/07/2013	and assigned
Florida document number L13000002990	<del>.</del>	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u></u>	
	or registered office address on our records,	enter the name of the new
registered agent and/or the new registered of	fice address here:	
	•	
Name of New Registered Agent:		* *************************************
New Registered Office Address:	Enter Florida st	unat adduana
•	Enter Florida si	reei aaaress
	, Flo	orida Zip Code
	City	Zip Couc

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

MGR SENDER SHUB P.O. BOX 2399  TOA BAJA, PR 00951	of Action
TOA BAJA, PR 00951	Add
	Remove
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PEGRETARY OF STATE	Remove

ed JANUARY 11	
YORAM IZHAK	re of a member or authorized representative of a member
	Typed or printed name of signee  Page 3 of 3
•	Filing Fee: \$25.00

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