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COVER LETTER

TO: Registration Section
Division of Corporations

ABRAHAM ESTATES - 8TH AVE, 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:

Jamie Tarich, Esq.

Name of Person

The Tarich Law Firm, P.A.

Firm/Company

19495 Biscayne Blvd, Suite 301

Address

Aventura, FL 33180

City/State and Zip Code

jamie@thetarichlawfirm.com

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

For further information concerning this matter, please call:

Jamie Tarich, Esq.

305**503-509**6

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$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

ABRAHAM ESTATES - 8H AVE, 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 Liability Company v	vere filed on 02/06/2013	andsigned
Florida document number L13000018985		
This amendment is submitted to amend the following:		SSEE.
A. If amending name, enter the new name of the limited liabil	ity company here:	FEST OF
ABRAHAM ESTATES - 1221, LLC		ORGO O
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designat	ion "LDC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
	Florid	
	City	Zip Code
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 ≠ Mana; MGRM = Mai	ger naging Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
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			Remove

D. If amen	nding any other information, enter change(s) here: (Attach additional sheets, if no	ecessary.)	
· · · ·			
		-	
_			
Dated Ap	ril 8, 2013		
<u> </u>			
-	Signature of a member or authorized representative of a member		_
4	Jámie Tarich, Esq.		
	Typed or printed name of signee	=	_
	Page 3 of 3	## SEC	ב

Filing Fee: \$25.00