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(Address)
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(City/State/Zip/Phone #)
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HILED

2013 MAY 22 PM 12: 21

SECRETARY OF STATE

COVER LETTER

TO:	Registration Section	
	Division of Corporation	5

SUBJECT:

928 DECOWALK 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:

MIKE OHANA

Name of Person

928 DECOWALK LLC

Firm/Company

928 OCEAN DRIVE

Address

MIAMI BEACH FL 33139

City/State and Zip Code

DTAMIR@MSN.COM

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

For further information concerning this matter, please call:

DANIEL TAMIR

_{at (} 786₎ 200-3008

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

FILED 2013 MAY 22 PN 12: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

928 Dec	cowalk, LLC	· · · · · · · · · · · · · · · · · · ·
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our rida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabilification for the Limited Liabilification of the Limited Liabilification for this Limited Liabilification for the Liabi	ity Company were filed on $\frac{2/6}{200}$.	and assigned
Γhis amendment is submitted to amend the followin	ıg:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the 'L.L.C."	e words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	: 	
Principal office address MUST BE A STREET A.	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or r registered agent and/or the new registered office		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida street address
_	City	_, Florida Zip Code
	City	zip Coue

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

MGR'= Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VIRGINIE PARIENTE	2501 SW 37 AVENUE	Add
		#605	Remove
		MIAMI, FL 33131	
			Add
			Remove
	4		_
			Add
			Remove
			_
			Add
			Remove
			Add
			Remove
			Add
			Remove

•		-	Attach additional sheets, if necessary.
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	<u> </u>		X
	Signature	of a member or authorized	representative of a member

Page 3 of 3

Filing Fee: \$25.00

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2013 HAY 22 PM D: 21

SECRETARY OF STATE
SECRETARY OF STATE