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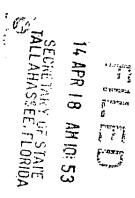
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Special Instructions to F	Filing Officer:	

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ACCRETE APR 2 2 2014

COVER LETTER

TO:	Registration Secti Division of Corpo			
SUBJE	REJU	√ASTAMP, LI	_C	
SUBJE	.CI:	·	ed Liability Company	
The end	closed Articles of Art	nendment and fee(s) are subm	nitted for filing.	
Please i	eturn all correspond	ence concerning this matter to	o the following:	
		MITCHELL S	CHMADT7	
		WITCHELL	Name of Person	
			rune of reison	
			Firm/Company	
		877 BAY ES		
		OII DATES	Address	
				00707
		CLEARWAI	ER BEACH, FL	33/6/
		m.e.schwartz@at	City/State and Zip Code	
			be used for future annual report notific	ation)
For furt	her information con-	cerning this matter, please cal	II:	
НО	WARD C	. STROSS	₃₇ 813 ₃ 852-65	500
	Name of P	erson	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	following amount:		
■ \$25	5.00 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

ited Liability Company as (A Florida Limited Liabilit	t now appears on our records.) y Company)		
Liability Company were	filed on May 7, 2013	and a	ssigned
lowing:			
of the limited liability of	company here:		
		,	
words "Limited Liability C	ompany," the designation "LLC" or	the abbreviation	"L.L.C."
cable:			
ET ADDRESS)	-	(*** <u>*</u>	
_			TOWNS AN
<u> </u>		rn-<	<u> </u>
		SN SN	Parent.
l/or registered office office address here:	address on our records, <u>en</u> t	ter the nain	e of the ne
649 NE 79th St			
	Enter Florida street address		
Miami	, Florida	33138	
	Liability Company were lowing: of the limited liability of the limite	lowing: of the limited liability company here: e words "Limited Liability Company," the designation "LLC" or cable: ET ADDRESS) Alor registered office address on our records, en office address here: 649 NE 79th Street #7 Enter Florida street address	About the limited liability company here: e words "Limited Liability Company," the designation "LLC" or the abbreviation cable: ET ADDRESS) About the limited office address on our records, enter the name office address here: 649 NE 79th Street #7 Enter Florida street address

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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CLAIRE MARQUEZ	660 NE 78th St	
		Apt. 307	■ Remove
		Miami, FL 33138	
MGR	CLAIRE MARQUEZ	649 NE 79th St	■ Add
		# 7	☐ Remove
		Miami, FL 33138	
			Add
			□ Remove
		<u>·</u>	IALL IALL
			AHASS S
			त्यान्द्र 🛥 🖁
			F. STATE LORIDA
			Add
			Remove
			□ Remove

ffective date, if other than the date of filing: (optional)		
ted 3 - 10 - 23 14 ted 3 - 10 - 23 14 **Signature of a **Nember or authorized representative of a member		
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ted 3 - 10 - 23 14 ted 3 - 10 - 23 14 **Signature of a **Nember or authorized representative of a member		
e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) ated 3 - 10 - 23 14 Attitude Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		·
	ffective date must be specific, cannot be prior to date of receipt or filed date and	
	ffective date must be specific, cannot be prior to date of receipt or filed date and late this document is filed by the Florida Department of State)	
	ffective date must be specific, cannot be prior to date of receipt or filed date and late this document is filed by the Florida Department of State) d 3 - 10 - 23 14 Altibute Church	cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

