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SECRETARY OF STATE
JALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

146NE23, 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:

David Aronow

Name of Person

Firm/Company

11098 Biscayne Blvd. Suite 401-21

Addres

Miami, Florida 33161

City/State and Zip Code

daro@mettel.net

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

For further information concerning this matter, please call:

David Aronow

at (917) 345-5310

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

Name of the Limited		ny as it now appears on our recor	ds.)
(A)	Florida Limited L	ny as it now appears on our recordiability Company)	 ,
The Articles of Organization for this Limited Liz Florida document number <u>L13000070085</u>	ibility Company	were filed on 5/15/2013	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	11098 Biscayne Blvd	
(Principal office address MUST BE A STREET		Suite 401-21	
		Miami, Florida 33161	AR B
Enter new mailing address, if applicable:		11098 Biscayne Blvd	(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C
(Mailing address MAY BE A POST OFFICE E	BOX)	Suite 401-21	
		Miami, Florida 33161	ORDE O
B. If amending the registered agent and/o registered agent and/or the new registered off			enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	11098 Bisc	ayne Blvd. Suite 401-21	
3-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		Enter Florida str	eet address
	Miami	, Flor	ida 33161
		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 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 Type of Action <u>Title</u> <u>Name</u> **Address** Add Remove

		Add Remove
 	Tin.	Add Remove
 	SECKE DAILY OF TIATE TALLAHASSEE, FLORIDA	Add
	ORIDA	Remove 50
		Remove
		Remove

If amending any other information EIN/TIN 46-3331	on, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	<u> </u>
<u> </u>	
August 14	2013
ned	·
Signa	ature of a member or authorized representative of a member
DAV.	D Menson n. member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA