

L13000072914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

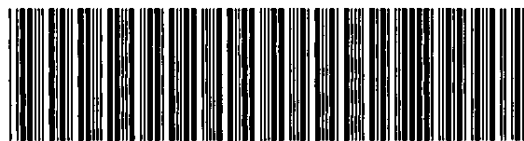
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

NOV 19 2013
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 105 Central 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:

Helen Mitelman
Name of Person
Sonn & Mitelman, P.A.
Firm/Company
2999 NE 191 Street, Suite 409
Address
Aventura, FL 33180
City/State and Zip Code
hmm@sonnmiteman.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Helen Mitelman at (305) 466-9497
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

705 central 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 were filed on MAY 17, 2013 and assigned Florida document number 113000072914.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

n/a

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

n/a

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

n/a

New Registered Office Address:

Enter Florida street address

Florida

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

MGR = Manager
MGRM = Managing Member

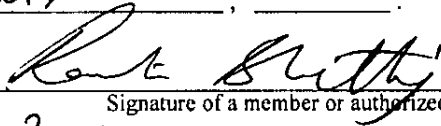
| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|---|--|
| MGR | Thomas Marrazza | 720 NE 69 Street, Suite 195 Miami, FL 33138 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | Nasser Ahmad | 333 Greenwich St. New York, NY 10013 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | Romita Shetty | 333 Greenwich St. New York, NY 10013 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
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TALLAHASSEE, FLORIDA

• D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The mailing address is changed to:
Nasser Ahmad
24 W 40th Street, 2nd Floor
New York, NY 10018

Dated Nov 13, 2013



Signature of a member or authorized representative of a member

Romita Shetty

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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