# 117000078551

(Re	questor's Name)	
(Ad	dress)	
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J. Shivers JAN 14 2013

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: LAS AVENTURA, 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:

HILLEL SHOHET

Name of Person

Firm/Company

34 SOMERSET DRIVE SOUTH

Address

GREAT NECK, NY 11020

City/State and Zip Code

ajs773@aol.com

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

For further information concerning this matter, please call:

Hillel Shohet

Name of Person

at (516)

rea Code

110-12-1

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**

### LAS AVENTURA, 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 Compa	nny were filed on May 30, 2013	and assigned
Florida document number L13000078551		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and end with the words "L"L.L.C."	Limited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	, .	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	7 <sub>0</sub> -
	·	
		The first section of the first
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		Op
		N N
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:	

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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member <u>Title</u> **Name Address Type of Action** 34 SOMERSET DRIVE SOUTH Hillel Shohet MGRM GREAT NECK, NY 11020 Remove \dď`÷ Remove Remove

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fectiv	re date, if other than the date of filing:
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effect	re date, if other than the date of filing:
fective ffect	tive date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.020 $\frac{740.9\%}{1000}$ , $\frac{2014}{1000}$ .
effect	tive date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.020)  Tay. 9th, 2014.  Hillel Shohet
effect	tive date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.020 $\frac{740.9\%}{1000}$ , $\frac{2014}{1000}$ .
effect	tive date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.020)  Tay. 9th, 2014.  Hillel Shohet

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