Florida Department of State

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(((H13000133695 3)))



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Account Name

: LAW OFFICES OF STEINBERG & ASSOCIATES, P.A.

Account Number : I19980000080 Phone

: (305)538-2344

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1501 COLLINS AVE 204 AND 205, LLC

	
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<u>H13000133695_3</u>. COVER LETTER

TO:

Registration Section Division of Corporations

1501 Collins Ave 204 and 205, 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:

Mark Alhadeff

Name of Person

The Alhadeff Law Group, P.L.

Firm/Company

767 Arthur Godfrey Road

Address

Miami Beach, FL 33140

City/State and Zip Code

mark@AlhadeffLaw.com

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

For further information concerning this matter, please call:

Mark alhadeff

Name of Person

Area Code & Daytime Telephone Number

Euclosed 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 266! Executive Center Circle Tallahassee, FL 32301



June 12, 2013

FLORIDA DEPARTMENT OF STATE

LAW OFFICES OF STEINBERG & ASSOCIATES, PA

SUBJECT: 1501 COLLINS AVE 204 AND 205, LLC

REF: L13000080307

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II FAX Aud. #: H13000131734 Letter Number: 513A00014715

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SECHETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tailahassee, Florida 32314

SENATOR LAW CENTER

F | PART 03/06

H13000133695 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2013 JUN 12 AN IO: 07" SECRETARY OF STATE TALLAHASSEE, FLORIDA

1501 Collins Ave 204 and 205,	LLC	
(Name of the Limited Liability ((A Florida Li	Company as it now appea mited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Co. Florida document number L13000080307	mpany were filed on <u>06</u> 	/04/2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company he	<u>'e</u> :
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Compa	nny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office addre		our records, enter the name of the new
Name of New Registered Agent:		<u></u>
New Registered Office Address:		
	En	ter Florida street address
		, Florida
New Registered Agent's Signature, if changing Registered	City Agenti	Zip Code
I hereby accept the appointment as registered agent ar the provisions of all statutes relative to the proper and accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	l complete performance ent as provided for in Ci	of my duties, and I am familiar with and apter 608, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

3055380419

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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:

MGRM = Managing Member <u>Title</u> Name | <u>Address</u> Type of Action 767 Arthur Godfrey Road Mark Alhadeff MGR Miami Beach, FL 33140 1210 Michigan Ave **Andrew Mirmelli** MGRM Miami Beach, FL 33139 Remove 05/12/2013 15:10 3055380419

Ή	130	<u>001</u>	33	69	5	3
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If amending any other informati	ion, enter change(s) here: (Attach additional sheets, if necessary.)
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June 10	, <u>2013</u>
. —	ature of a member or authorized representative of a member
Mark Alhadeff	
	Typed or printed name of signee

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Filing Fee: \$25.00