

L13000080307

Florida Department of State
Division of Corporations
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(((H14000119455 3)))



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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : THE ALHADEFF LAW GROUP, P.L.
Account Number : 120130000097
Phone : (786) 618-9703
Fax Number : (786) 350-1826

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

(((H14000119455 3)))

SUBJECT: 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 Almadoff
Name of Person

The Almadoff Law Group, P.L.
Firm/Company

3050 Biscayne Blvd, PH I
Address

Miami, FL 33137
City/State and Zip Code

mark @ almadofflaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Almadoff at 786 618 9703
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

(((H14000119455 3)))

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

(((H14000119455 3)))

1501 Collins Ave 204 and 205, 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 6/4/13

Florida document number 113000080307

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1501 Collins Avenue
204
Miami Beach, FL 33139

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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 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

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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

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Title	Name	Address	Type of Action
AMBR	Ronruss Deemskys 204-205, LLC	2200 Biscayne Blvd Miami, FL 33137	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Cox Ocean, LLC	3050 Avenida Blvd, 3rd FL Aventura, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Zingal Miami Beach, LLC	1501 Collins Avenue 207 Miami Beach, FL 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)* (((H14000119455 3)))

E. Effective date, if other than the date of filing: _____ (optional)

(The 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)

Dated 5/20, 2014



Signature of a member or authorized representative of a member

Mark Alhadeef
Typed or printed name of signer

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Filing Fee: \$25.00

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