

L13000091869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

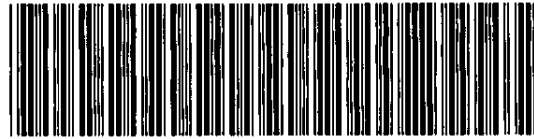
(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

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08/09/13--01017--015 **85.00

RECEIVED
DEPARTMENT OF STATE
13 AUG -9 AM 11:30

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG -9 AM 8:55

AUG 12 2013

T. HAMPTON

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

1600 Lenox, LLC

Signature _____

Requested by: Seth

08/09/13

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ ☒ Cert. Copy x 2 _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1600 Lenox, 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:

Ignacio Garcia-Menocal

Name of Person

50 Eggs, Inc.

Firm/Company

4770 Biscayne Blvd., Suite 1280

Address

Miami, Florida 33137

City/State and Zip Code

ignacio@50eggsinc.com

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

For further information concerning this matter, please call:

Ignacio Garcia-Menocal

Name of Person

at 786 360-1714

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~~ ^{\$85.00}
Filing Fee & 2
Certified Copy Copies
(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

Page 1 of 3

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>
MGRM	John Kunkel	4770 Biscayne Blvd., Suite 1280, Miami, FL 33137	☒ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
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			☐ Add
			☐ Remove

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 DIVISION OF CORPORATIONS
 JUN - 9 AM 8:58

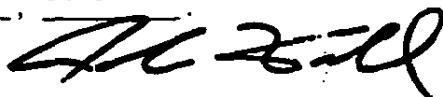
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Article III is replaced in its entirety with the following:

To purchase, own and operate any real property deemed appropriate by the
managing member; to lease or sell such property on such terms as the managing
member deems appropriate in its business judgment; and to engage in any and all
other lawful activities which are incidental, convenient or related to any of the foregoing.

Dated August 7

2013



Signature of a member or authorized representative of a member

John Kunkel

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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