L13000091869

(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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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

Name

08/09/13

Date

Time

Walk-In _____ Will Pick Up _____

174 Ponder's Printing - Thomasville, GA 8/00

____ 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:

Igancio 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 at (786) 360-1714
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

☒ $85.00 ~~$55.00~~ 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

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

1600 Lenox, 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 06/26/2013 and assigned Florida document number L13000091869.

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DIVISION OF CORPORATIONS

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)***

**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*

_____, **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**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| MGRM | John Kunkel | 4770 Biscayne Blvd., Suite 1280, Miami, FL 33137 | ☑ Add |
| | | | ☐ Remove |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Add |
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**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 signee



**Filing Fee: $25.00**

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