L13000100650

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	- +)
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(Do	ocument Number)	
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T. Bureh OCT __4 2013.

COVER LETTER

TO: Registration Section
Division of Corporations

Ninth Street FL Investments, 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:

David C. Tassell, Esquire

Name of Person

Joseph C. Kempe, P.A.

Firm/Company

941 North Highway A1A

Address

Jupiter, FL 33477

City/State and Zip Code

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

For further information concerning this matter, please call:

David C. Tassell

561 747-7300

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ninth Street FL Investments, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Fi	lorida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L13000100650</u>	oility Company were filed on 07/16/201	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		SECRE
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	CT F
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, enter Stive narrise of the new
Name of New Registered Agent:	AMBARINI .	
New Registered Office Address:		
	Enter Flor	ida street address
	City	, FloridaZip 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 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>	Type of Action
MGRM	Lawrence Raskin	17660 Rocky Pines Rd.	Add
		Jupiter, FL 33478	Remove
		,	
			Add
		7	Remove
			13 (
			HASSE 13
			FEE E CONSTATE LAHASSEE, FLORIDA
			Q
	· ************************************		Add
		1 	Remove
			Add
			Remove
			Add
			Remove

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
•	
Dated Se	eptember 26 , 2013 .
	Signature of a member or authorized representative of a member
	Jason Martinez, Managing Member
	Typed or printed name of signee

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Filing Fee: \$25.00

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