413000107977

| (Req | uestor's Name) | |
|---------------------------|------------------|---------------|
| (Add | ress) | _ |
| (Add | ress) | |
| (City | /State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bus | iness Entity Nar | me) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
| | | |
| | | |
| | | |

Office Use Only



300325148433

SECRETARY OF STATE

2019 FEB 21 AM 10: 16

02/22/19--0100:--011 **60.00

FILED

Auto 21 Lu di Sa

Jr. 32,10

CAPITAL CONNECTION, INC.

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

| 330 SIXTY-SECON | ND PLACE, LL | С | | |
|------------------|--------------|------|-------------|--------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | 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 |
| | | | <u>✓</u> | Cert. Copy |
| | | | | Photo Copy |
| | | | | Certificate of Good Standing |
| | | | ✓ | Certificate of Status |
| | | | | Certificate of Fictitious Name |
| | | ļ | | Corp Record Search |
| | | | | Officer Search |
| | | | | Fictitious Search |
| Signature | | | | Fictitious Owner Search |
| | | | | Vehicle Search |
| | | | | Driving Record |
| Requested by: BA | 2/21/19 | | | UCC 1 or 3 File |
| Name | Date | Time | <u></u> | UCC 11 Search |
| | | | | UCC 11 Retrieval |
| Walk-In | Will Pick Up | | | Courier |

COVER LETTER

| SUBJECT: 330 SI | XTY-SECOND PLACE, LLC | | |
|---|--------------------------------|--|--|
| | Name of Li | imited Liability Company | |
| The enclosed Articles of | of Amendment and fee(s) are su | ubmitted for filing. | |
| Please return all corres | pondence concerning this matte | er to the following: | |
| Division of Corporations SUBJECT: 330 SIXTY-SECOND PLACE, 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: EUGENE J. HOWARD, ESQ. Name of Person HOWARD LAW, P.A. Firm/Company 1691 MICHIGAN AVENUE, SUITE 250 Address MIAMI BEACH, FL 33139 City/State and Zip Code EISERMANNS@AOL.COM E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: EUGENE J. HOWARD, ESQ. Name of Person Area Code Daytime Telephone Number 1 \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (certified Copy (additional copy is enclosed) | | | |
| | | Name of Person | · |
| | | Name of Limited Liability Company It and fee(s) are submitted for filing. Determing this matter to the following: EUGENE J. HOWARD, ESQ. Name of Person HOWARD LAW, P.A. Firm/Company 1691 MICHIGAN AVENUE, SUITE 250 Address MIAMI BEACH, FL 33139 City/State and Zip Code EISERMANNS@AOL.COM E-mail address: (to be used for future annual report notification) st matter, please call: SQ. at (305) 793-7761 Area Code Daytime Telephone Number Immount: Filing Fee & Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certified Copy Certificate of Status & Cert | |
| Division of Corporations SUBJECT: 330 SIXTY-SECOND PLACE, 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: EUGENE J. HOWARD, ESQ. Name of Person HOWARD LAW, P.A. Firm/Company 1691 MICHIGAN AVENUE, SUITE 250 Address MIAMI BEACH, FL 33139 City/State and Zip Code EISERMANNS@AOL.COM E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: EUGENE J. HOWARD, ESQ. Name of Person Area Code Daytime Telephone Number 1 \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | - | | |
| | 1691 | MICHIGAN AVENUE, SUITE 25 | 50 |
| | | Address | |
| | | MIAMI BEACH, FL 33139 | |
| | | City/State and Zip Code | |
| | E-mail address: | EISERMANNS@AOL.COM | (cation) |
| or further information o | | · | ivalion) |
| | | at (305) 793-7761 | |
| Name o | of Person | Area Code Daytime | Telephone Number |
| nclosed is a check for the | ne following amount: | | |
| \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |

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

330 SIXTY-SECOND PLACE, 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 07/25/2013 and assigned Florida document number <u>L13000107977</u> 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 7300 SW 62ND PLACE Enter new mailing address, if applicable: 4TH FLOOR (Mailing address MAY BE A POST OFFICE BOX) SOUTH MIAMI, FL 33143 B. If amending the registered agent and/or registered office address on our records, enter the rame of the new registered agent and/or the new registered office address here: JUERGEN EISERMANN Name of New Registered Agent: 7300 SW 62ND PLACE, 4TH FLOOR New Registered Office Address: Enter Florida street address SOUTH MIAMI

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|---------------------------------------|--------------------------------------|--------------------------|-------------------------|
| | Gabriel Montalvo | 18451 NW 37th Ave, # 254 | |
| мемвек | | Miami Gardens, FL 33056 | |
| | | | D Change |
| MGR Juergen Eisermann | 7300 SW 62nd Place, 4th Floor | 03 Add | |
| | MIGR Juergen Eisermann 7300 S South | South Miami, FL 33143 | □ Remove |
| | | | ☐ Change |
| | | | O Add |
| | | □ Remove | |
| | | | Change |
| · · · · · · · · · · · · · · · · · · · | | | |
| | | | Rembore AH AD Chan & AH |
| | | | Add D |
| | | | Change |
| | | | □ Add |
| | | | Remove |
| | | | Change |

| | nending any other inform | ation, enter chang | e(s) nere: (Atta | ach additional s | heets, if necess | eary.) | |
|----------|--|--|--|---|---|---|---------------------|
| | | | | | | | |
| | | - | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | ···· | |
| | | | | | | | |
| - | | | · · · · · · · · · · · · · · · · · · · | | | | |
| _ | | | | | | | |
| _ | | | | _ | | _ | |
| _ | | - | | | | 77.5 | |
| | | <u> </u> | | | | | 7 |
| _ | | | | | | - F. C. | · 7 |
| . – | | | | | | (5) | _ \ - |
| _ | | | ······································ | | - | - 1 Take 1 | , jo |
| - | | | <u> </u> | | | 077 | |
| _ | | | | | | | |
| Note: 1 | ve date, if other than the continue date is listed, the date must fithe date inserted in this bloom on the Department of the date of the d | be specific and cannot t ok does not meet the | e prior to date of fil applicable statute | ling or more than 9 ory filing require | (optional) 0 days after filing ments, this date | .) Pursuant to 605.02 will not be listed a | 07 (3)(b) is the |
| the reco | ord specifies a delayed 90th day after the reco | effective date, b d is filed. | ut not an effe | ctive time, at | 12:01 a.m. | on the earlier o | of: |
| Dated _ | February 19 | 2019 | | | 1 | | |
| | s | gnature of a member o | r authorized repres | dust entative of a member | Wr. | | |
| | | | | | , | | |
| | | | GEN EISERN printed name of si | | | | |

Page 3 of 3

Filing Fee: \$25.00