

L13000108080

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : LAW OFFICES OF STEINBERG & ASSOCIATES, P.A.  
Account Number : I19980000080  
Phone : (305)538-2344  
Fax Number : (305)538-0419

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

Email Address: mark@alhadeflaw.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RONRUSS OCEANS FIVE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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**H13000251398 3**  
**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT: RONRUSS OCEANS FIVE, 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 Alhadeff, Esq.**

Name of Person

**The Alhadeff Group**

Firm/Company

**767 Arthur Godfrey Road**

Address

**Miami Beach, FL 33140**

City/State and Zip Code

**mark@alhadefflaw.com**

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

For further information concerning this matter, please call:

**Mark Alhadeff**

Name of Person

at ( **305 538-2344** )

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

**H13000251398 3**  
**ARTICLES OF AMENDMENT**  
**TO**  
**ARTICLES OF ORGANIZATION**  
**OF**

**RONRUSS OCEANS FIVE, LLC**

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

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The Articles of Organization for this Limited Liability Company were filed on 07/31/2013 and assigned  
Florida document number L13000108080

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

**H13000251398 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>
MGR	Keith Menin	3050 Biscayne Blvd.	<input checked="" type="checkbox"/> Add
		PH1	<input type="checkbox"/> Remove
		Miami, FL 33137	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<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.)

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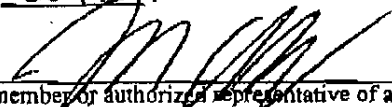


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Dated November 13, 2013

  
 Signature of a member or authorized representative of a member  
Mark Alhadeff attorney-in-fact  
 Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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