Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE SCHIFFMAN LAW GROUP,

Account Number: I2000000100

Phone : (305) 682-1328

Fax Number : (305)682-0063

Enter the email address for this business entity to be used for future anmal eport mailings. Enter only one email address please.

C AMND/RESTATE/CORRECT OR M/MG RESIGN

VANILLA SKY 705, LLC

Certificate of Status	0	
Certified Copy	0	- 11131
Page Count	01	NOV
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https://efile.sunbiz.org/scripts/efilcovr.exe

Division of Corporations

No. 0232 P. 2 rage 2 of 2

Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

No. 0232 P. 3

COVER LETTER

TO:

Registration Section Division of Corporations

SIR IPCT.

VANILLA SKY 705, 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:

ADAM R. SCHIFFMAN, ESQUIRE

Name of Person

THE SCHIFFMAN LAW GROUP, P.A.

Firm/Company

2875 NE 191 STREET, SUITE 404

Address

AVENTURA, FLORIDA 33180

City/State and Zip Code

ADAM@REALATTY.NET

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

For further information concerning this matter, please call:

ADAM R. SCHIFFMAN

at (305) 682-1328

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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 onclosed)

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

VANILLA SKY 705, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ıy as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on AUGUST 15, 2013 and assign	gned
Florida document number L13000115451		
This amendment is submitted to amend the following:	NOV -6	<u> </u>
A. If amending name, enter the new name of the limited liabi	ility company here:	j
	### ### ### ### ### ##################	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC" and abi	breviatio
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 off registered agent and/or the new registered office address here		the nev
Name of New Registered Agent:		<u></u>
New Registered Office Address:		
	Enter Florida street address	

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.

City

4				
Nov.	6. 2	013	3:49PM	

No. 0232 P. 5

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>	Address	Type of Action
MGR	NILO MINGRONE	2875 NE 191 STREET	Add
		SUITE 404	Remove
		AVENTURA, FL 33180	-
			Add
			Remove
			<u>.</u> ಪ
···	· · · · · · · · · · · · · · · · · · ·	AHASSEE,	
		E. FLORID.	Remove Remove
			2
			Add
			Remove
			, L Add
			Remove
			Add
			Remove

. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
-	
_	
_	
ated	11/6 2013
	Signature of a member or authorized representative of a member
	Adam R. Schiffman, Esquire
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SLURGIARY OF STATE
TALL ANACCES OF STATE