## L13000122957

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## COVER LETTER

TO:

Registration Section **Division of Corporations** 

584 NW 64 Street, 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:

Manuel L. Crespo, Esq.

Manuel L. Crespo, PA

201 Alhambra Circle, SUite 1205

Coral Gables, FL 33134

City/State and Zip Code

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

For further information concerning this matter, please call:

Manuel L. Crespo

at (305) 377-1000, ext. 104

Area Code & Daytime Telephone Number

Name of Person

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

584 NW 64 Street, 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	y Company were filed on 8/30/2013	and sesigned
Florida document number L13000122957		FILE SEP -9 CASTANT LAHASSE
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	କ୍ଲିମ୍ବ
584 NW 65 Street, LLC		<b>≯</b>
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a  Name of New Registered Agent:		, enter the name of the new
New Registered Office Address:		
	Enter Florida s	treet address
	, Fl	orida
	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 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
			Add
			Remove
		<del></del>	Add
			Remove
		Add Add	
			SEE C
		FLORIDA CONTRACTOR	
		Remove	
		Add	
	<del> </del>	Remove	
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D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
Dated	Sept. 5. 2013.
	Signature of a member or authorized representative of a member
	Manuel L. Crespo, Esq.
	Typed or printed name of signee

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Filing Fee: \$25.00

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