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COVER LETTER

TO: Registration Section **Division of Corporations**

Majestic Midtown, 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:

Daniel Cohen

Name of Person

Firm/Company

7200 West Camino Real, Suite 214

Address

Boca Raton, Florida 33433

City/State and Zip Code

donny@privcapcompanies.com

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

For further information concerning this matter, please call:

Daniel Cohen

Name of Person

 $at \, (\underbrace{ 201) 862\text{-}0001}_{\text{Area Code \& Daytime Telephone Number}}$

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

Majestic Midtown, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our reco d Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Compa	nny were filed on August 30, 20	and assigned
Florida document number L13000123236		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		2
Enter new mailing address, if applicable:		13 OC T
(Mailing address MAY BE A POST OFFICE BOX)		SS 2
		75 72 171
		5 N
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		enter the name of the nev
registered agent and/or the new registered office address i	ici c.	
Name of New Registered Agent:	 	
New Registered Office Address:		
	Enter Florida street address	
		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 **Title Name Address** Type of Action 20229 Ocean Key Drive Israela Herskovitz **MGRM** Boca Raton, FL 33498 Remove Remove Remove Remove

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
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_	
_	
_	
Dated	October 15, 2013.
	Signature of a member or authorized representative of a member
	Daniel Cohen
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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