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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO:	Registration Se Division of Cor					
	SHEFA TA	AL, LLC				
SUBJ	ECT:	Name of Lim	ited Liability Company			
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	e return all correspo	ondence concerning this matter	to the following:			
		ALAN J. MARCUS				
			Name of Person	<u> </u>	-	
	ALAN J. MARCUS, ESQ.					
		Firm/Company			-	
		20803 BISCAYNE BOUL	EVARD, SUITE 301			
		Address				
		AVENTURA, FL 33180			2016	Cta : me
			City/State and Zip Code			E Marine
		ALAN@ALANJMARCUS			18 E	Firm
			to be used for future annual report notifi	cation)		
For fu	irther information c	oncerning this matter, please co	all:		ID: 2	T. SERVAD
ALA	N J. MARCUS		305 937-1800 at ()		第 2	مطاكر
	Name o	f Person	Area Code Daytime	Telephone Number	r	
Enclo	sed is a check for the	he following amount:				
≡ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

MAILING ADDRESS:

TO:

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

SHEFA TAL, LLC	
. (Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
. The Articles of Organization for this Limited Liability Company were fi	iled on 09/16/2013 and assigned
Florida document number L13000130698	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
	7A1
The new name must be distinguishable and contain the words "Limited Liability Com	7
Enter new principal offices address, if applicable:	The second secon
(Principal office address MUST BE A STREET ADDRESS)	Land and
	97 T
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered office ac	ddress on our records, enter the name of the n
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
Cit	

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
MGRM	BEDOLACH, NISSO	1111 PARK CENTRE BLVD	
,		SUITE 450	■ Remove
		MIAMI GARDENS, FL 33169	Change
			Add
			Remove
			Change
			Pernove
			Ghange 23
			□ Remove
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D. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	ASSE SEE	
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(If an ei Note:	flective date, if other than the date of filing: (optional) (opt	نمب 7 (3)(b)
If the re (b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier or e 90th day after the record is filed.	f:
Dated	Intus	
	Signature of a member or authorized representative of a member Augustus, HHy	
	Typed or printed name of signee	

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Filing Fee: \$25.00