

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, P.A.

Account Number : I2000000100

Phone

: (305)682-1328

Fax Number

: (305)682-0063

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAL BIS ABC, LLC

Certificate of Status	0_
Certified Copy	0

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S. YOUNG

Division of Corporations

No. 1326 P. 2 Page 2 of 2

Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	tration Sec on of Corp					
SUBJECT:	BAL BIS /	ABC, LLC				
	Name of Limited Liability Company					
		mendment and fee(s) are sub				
Licasé teran ai	ii correspon	dence concerning this matter				
		ADAM R. SCHIFFM				
			Name of Person			
		THE SCHIFFMAN L	·	·····		
			Firn/Company			
		2875 NE 191 STRE	ET SUITE 404			
			Address			
		AVENTURA, FL 331	180			
		ADAM@REALATTY.	City/State and Zip Code NET	F 2		
		E-mail addross: (to be used for future amount report notifica	ntion)		
Por further info	rmation co	ncerning this matter, please ca	all:	٠٠٠ ن _و ټ _{٠٠٠} ٠		
ADAM R. S	CHIFFN	IAN, ESQUIRE	305 682-1328			
	Name of	Person		elephone Number		
Enclosed is a cl	heck for the	following amount:				
□ \$25.00 Pili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	MAÏLIN	NG ADDRESS:	STREET/COURIEI	R ADDRESS:		

MAÏLING 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
Tallahassec, FL 32301

BALBIS ABC. LLC.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	y as It now appears on ability Company)	our records.)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L13000134971</u> .	vere filed on SEPT	EMBER 24, 2013	and assigned
This amendment is submitted to amend the following:	~		
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and end with the words "Limited Liabili	ity Company," the design	nation "LLC" or the abbrev	intion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		5-13	-
			·
		, ,	4-5
Enter new mailing address, if applicable:		•	
(Mailing address MAY BE A POST OFFICE BOX)		•	- 1 " 1
			r\$
		. •	F.
B. If amending the registered agent and/or registered office address here:		r records, <u>enter the</u>	name of the nev
Name of New Registered Agent:			
New Registered Office Address:		- <u>-</u>	
	Enter Florida st	treet address	
· · · · · · · · · · · · · · · · · · ·		, Florida	
	City	Z	p 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Premier Business Management, LLC	2875 NE 191 STREET, SUITE 404	Add
		AVENTURA, FL 33180	□ Remove
MGR	Adam R. Schiffman, Esquire	2875 NE 191 STREET, SUITE 404	
		AVENTURA, FL 33180	Remove
	·	,	☐ Add
	<u>- </u>		□ Add
		,	
			□ Remove
			□ Add
			Remove

amending any other information, enter change(s) here: (Attach addi	tional sheets, if necessary.)
ffective date, if other than the date of filing: the effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	(optional) it be more than 90 days after
Dated NOVEMBER 24 2013	
Signature of a member or authorized representati	ve of a member
ADAM R. SCHIFFMAN	
Typed or printed page of signed	

Page 3 of 3

Filing Fee: \$25.00