

L13000155139 No. 0731 P. 1 of 2
Mar. 28, 2014 6:10PM
Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations

Fax Number : (850) 617-6383

Account Name : THE SCHIFFMAN LAW GROUP, P.A.

Account Number : I20000000100

Phone : (305) 682-1328

Fax Number : (305) 682-0063

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAR 31 AM 11:22

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BIS BEACH 17, LLC**

| | |
|-----------------------|----|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |

K. SALY
EXAMINER
APR -1 2014

| | |
|------------------|---------|
| Estimated Charge | \$25.00 |
|------------------|---------|

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIS BEACH 17, 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, FL. 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, ESQUIRE at (305) 682-1328

Name of Person

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

Mar. 28. 2014 6:10PM

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BIS BEACH 17, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

No. 0784 P. 4
FILED
2014 MAR 31 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on November 4, 2013 and assigned
Florida document number L13000155139

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3375 N. COUNTRY CLUB DRIVE, #1601

(Principal office address MUST BE A STREET ADDRESS)

AVENTURA, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------------|----------------------------|--|
| MGRM | TZIYONA COHEN | 3375 N. COUNTRY CLUB DRIVE | <input checked="" type="checkbox"/> Add |
| | | UNIT 1601 | <input type="checkbox"/> Remove |
| | | AVENTURA, FL 33180 | |
| MGR | ADAM R. SCHIFFMAN, ESQUIRE | 2875 NE 191 STREET, #404 | <input type="checkbox"/> Add |
| | | AVENTURA, FL 33180 | <input checked="" type="checkbox"/> Remove |
| | | | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)

Dated MARCH 28, 2014



Signature of a member or authorized representative of a member

ADAM R. SCHIFFMAN, ESQUIRE

Typed or printed name of signer