# 117000159657

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### **COVER LETTER**

TO:

Registration Section
Division of Corporations

# BESPOKE REALTY LLC

SUBJECT:

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:

# Name of Person Firm/Company 810 NE 172ND TERRACE Address MIAMI, FL 33162 City/State and Zip Code M@FST26.COM

For further information concerning this matter, please call:

# MOSHE S HANKIN

 $\frac{786}{664-7702}$ 

Name of Person

Area Code

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

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

BESPOKE REALTY LL		ny as it now appears on our records.) iability Company)			
The Articles of Organization for this Limited Lia Florida document number L13000159657	ability Company v		{	and ass	gned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
The new name must be distinguishable and end with the v	vords "Limited Liabi	lity Company," the designation "LLC"	or the abbrev	iation "L	L.C.``
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		810 NE 172ND TERRACE			
		MIAMI, FL 33162			
				<del></del>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		810 NE 172ND TERRACE			
		MIAMI, FL 33162			
B. If amending the registered agent and/or registered agent and/or the new registered of			enter the	name	of the new
Name of New Registered Agent:	MOSHE S	HANKIN			
New Registered Office Address:	810 NE 17	2ND TERRACE	1 - 1 2 - 1 2 - 1	Name of Street	··
		Enter Florida street address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	on.	* ** ** ** **
	MIAMI	, Flori	<sub>ida</sub> 3316	2	,
New Registered Agent's Signature, if changing R	legistered Agent:	City	Z, Zi	ip Code	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this	d agent and agre er and complete <sub>l</sub> stered agent as p registered office	performance of my duties, and rovided for in Chapter 605, F.	I am famil S. Or, if th	iar witi is docu	h and ment is

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 810 NE 172ND TERRACE MOSHE S HANKIN MGR MIAMI, FL 33162 ☐ Remove **PO BOX 820 MGRM** DYC GROUP LLC □ Add HALLANDALE, FL 33008 Remove 2565 PARK LANE MGR BACHAR, YITZCHAK ☐ Add PEMBROKE PARK, FL 33009 Remove 810 NE 172ND TERRACE BACHAR, YITZCHAK MGR MIAMI, FL 33162 □ Add ·. □ Remove □ Add □ Remove

,	<del></del>
Effective 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 earthe date this document is filed by the Florida Department of State)	(optional) annot be more than 90 days after
the date this document is filed by the Florida Department of State)	(optional) annot be more than 90 days after
Dated 06/11 , 2014	
Dated 06/11 , 2014 . Signature of a member of authorized representation.	
Dated 06/11 2014	ntative of a member

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Filing Fee: \$25.00

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