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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALAN J. MARCUS, ATTORNEY AT LAW

Account Number : 120198000099 : (305)937-1800 Phone : (305)937-1857 Fax Number

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

Email Address: avlv@saarmanagement.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GOLDEN PALMS APARTMENTS LLC

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T. LEMIEUX JUN 30 2022

## **COVER LETTER**

TO:	Registration Se Division of Cor			
CURTE		PALMS APARTMENTS LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	etum all correspo	indence concerning this matter	to the following:	
		ALAN J. MARCUS		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	<del></del>
		ALAN J. MARCUS, ATT	ORNEY AT LAW	Code  annual report notification)  937-1800  Daytime Telephone Number  3 Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		<del> </del>	Firm/Company	<del></del>
20803 BISCAYNE BOULEVARD, SUITE 301				
Address				<del></del>
		AVENTURA, FL 33180		
			City/State and Zip Code	
		aviv@saarmanagement.com		Total
Car Start	ar information o	oncerning this matter, please c		cattony
		oncerning in s matter, picase c		
ALAN I	I. MARCUS		at ( )	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne following amount:		
<b>■</b> \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 17	Division of Corp The Centre of Ta	oorations allahassee : Street, Suite 810

P.003/005

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

GOLDEN PALMS APARTMENTS LLC	
(Name of the Limited Liability Company as it nov (A Florida Limited Liability Co.	v appears on our records.) npany)
The Articles of Organization for this Limited Liability Company were filed	1 on 11/26/2013 and assigned
Florida document number L13000165323	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	o <u>any here</u> :
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
•	
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 of agent and/or the new registered office address here:	our records, enter the name of the new register
Name of New Registered Agent:	**************************************
INSTITUTE OF INEW REGISTERS AREIT.	(Pa) i
New Registered Office Address:	ر المنظم
E	nter Florida street address
	Florida
Cliv	Zip Çode

## 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 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

Title	<u>Name</u>	Address	Type of Action
MGR	ELBAZ, AVIV	6499 POWERLINE ROAD	□Add
		SUITE 206	□Remove
		FORT LAUDERDALE, FL 33309	■Change
			□Remove
			(□ Change
			□Add
			□Remove
			Change
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			□Remove
			☐ Change
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limited liab	lity company.			
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Tective date, i	other than the date of filing:		(optional)	
in effective date is nte: If the date	listed, the date must be specific and cannot be userted in this block does not meet the	e prior to date of filing of annlicable statutory f	or more than 90 days after filing.) Purs Hing requirements, this date will	ment to 605.0207 not be listed as:
cument's effect	ve date on the Department of State's re	cords.	valon vinana, tino vara	
	delayed effective date, but not an effec	tive time, at 12:01 a.	m, on the earlier of: (b) The 90t	h day after the
is filed.				
	JUNE 29 2022			
ated	· /	<del></del> ·		
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	// .			

Filing Fee: \$25.00