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(City/State/Zip/Phone #)

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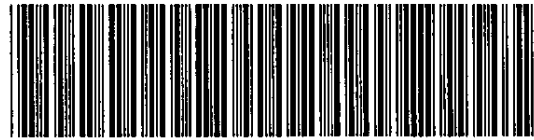
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

SEP 26 2016

BARBARA B. GIMENEZ, ATTORNEY, P.A.

Attorney at Law

7001 Biscayne Boulevard, 2nd Floor
Miami, Florida 33138

Telephone: (305) 759-9997
Telefax: (305) 759-9972

September 21, 2016

VIA FEDERAL EXPRESS TRACKING: 777282265546

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: **JIMMY'Z KITCHEN PINECREST, INC.**
BARBARA B GIMENEZ ATTORNEY PA
7001 BISCAYNE LLC
1200 AND 1202 LLC

FILED
16 SEP 22 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

Enclosed please find:

1. Articles of Amendment for **JIMMY'Z KITCHEN PINECREST, INC.** changing only Registered Agent and Registered Office Address; and
2. Articles of Amendment for **BARBARA B GIMENEZ ATTORNEY PA** changing 1) Registered Agent and Registered Office Address; 2) changing both principal office address and mailing address; and
3. Articles of Amendment for **7001 BISCAYNE LLC** changing 1) Registered Agent and Registered Office Address; 2) changing both principal office address and mailing address; and
4. Articles of Amendment for **1200 AND 1202 LLC** changing 1) Registered Agent and Registered Office Address; 2) changing both principal office address and mailing address; and
5. Firm check in the sum of \$120 which represents filing fees of \$35, \$35, \$25 and \$25, respectively.

Please contact me should you have any questions. Thank you for your assistance in this matter.

Very truly yours,

Barbara B. Gimenez
BARBARA B. GIMENEZ

Enclosure(s) as noted.

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: 7001 BISCAYNE 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:

BARBARA B GIMENEZ

Name of Person

C/O JAIME ORTEGA

Firm/Company

888 DOUGLAS RD #1005

Address

CORAL GABLES, FL 33134

City/State and Zip Code

GIMENEZBARBARAPA@BELLSOUTH.NET

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

For further information concerning this matter, please call:

BARBARA B GIMENEZ

305
at ()

Area Code

~~904~~ 336-5629
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

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16 SEP 22 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

7001 BISCAYNE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/27/2013 and assigned
Florida document number L13000165820.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C/O JAIME ORTEGA

888 DOUGLAS RD #1005

CORAL GABLES, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O JAIME ORTEGA

888 DOUGLAS RD #1005

CORAL GABLES, FL 33134

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:

PAUL HARALSON

New Registered Office Address:

7001 BISCAYNE BLVD 2FL

Enter Florida street address

MIAMI

Florida

City

33138

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 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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 TALLAHASSEE, FLORIDA
 CLERK OF DISTRICT COURT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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16 SEP 22 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Sept 19 2016

Signature of a member or authorized representative of a member

Barbara B. Gimenez

Typed or printed name of signee