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COVER LETTER

	Division of Cor				
SUBJEC	DOWNTO	WN HOLDINGS DEVELOPM	MENT, LLC		
SCHOLC		Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please ret	urn all correspor	ndence concerning this matter	to the following:		
		GUY SHARON			
		NTOWN HOLDINGS DEVELOPMENT, LLC Name of Limited Liability Company es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: GUY SHARON Name of Person DOWNTOWN HOLDINGS DEVELOPMENT, LLC Firm/Company 20900 NE 30TH AVE #514 Address AVENTURA, FL, 33180 City/State and Zip Code guy.shrm@gmail.com E-mail address: (to be used for future annual report notification) tion concerning this matter, please call: at (786) 4061769 ame of Person Daytime Telephone Number for the following amount:			
DOWNTOWN HOLDINGS DEVELOPMENT, LLC					
		-	Firm/Company		
		Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: GUY SHARON Name of Person DOWNTOWN HOLDINGS DEVELOPMENT, LLC Firm/Company 20900 NE 30TH AVE #514 Address AVENTURA, FL, 33180 City/State and Zip Code guy.shrn@gmail.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: 786 Area Code Person Area Code Daytime Telephone Number e following amount: \$30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy			
		Address			
		AVENTURA, FL, 33180			
		Name of Limited Liability Company ticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: GUY SHARON Name of Person DOWNTOWN HOLDINGS DEVELOPMENT, LLC Firm/Company 20900 NE 30TH AVE #514 Address AVENTURA, FL, 33180 City/State and Zip Code guy.shrn@gmail.com E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: 786 Area Code Daytime Telephone Number ck for the following amount: g Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)			
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For furthe	er information co	oncerning this matter, please ca	all:		
GUY SH	<u>.</u>		at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for th	e following amount:			
\$25.0	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	

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

DOWNTOWN HOLDINGS DEVELOPMENT, L	LC	
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	прапу as it now appears on our recor- ted Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compa	any were filed on 01/03/2014	and assigned
Florida document number L14000001100		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLo	
Enter new principal offices address, if applicable:		ASE 5
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	CR L
		TAS TAS
		SEY I
Enter new mailing address, if applicable:		FES
(Mailing address MAY BE A POST OFFICE BOX)		RE 2
(Mulling dauress MAT BE A FOST OFFICE BOX)		557
	-	
B. If amending the registered agent and/or registered	l office address on our record	is enter the name of the new
registered agent and/or the new registered office address l		is, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
	. F	lorida
	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 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>	Address	Type of Action
MGR	GUY SHARON	20900 NE 30TH AVE #514,	■ Add
		AVENTURA, FL, 33180	□ Remove
			Change
AMBR	RUGOSA LIMITED	CITY HOUSE 6 KARAISKAKIS 5	
		3032 LIMASSOL,	■ Remove
		CYPRUS ACTING, AL	☐ Change
			□ Add
			☐ Remove
			Change
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Effective date, if other than (If an effective date is listed, the date	the date of filing:			_ (optional)	
(If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	is block does not mee	et the applicable st	of filing or more than 90 of atutory filing requirement	days after filing.) Pursuant to 6 ents, this date will not be li	05.0207 sted as 1
the record specifies a dela) The 90th day after the	yed effective dat	te, but not an	effective time, at 1	2:01 a.m. on the ear	lier of
05/04		2015		JUN -	
Dated	, .	2015		SS	(T)
	_	· >		EE.F.	ED
	Signature of a me	inber or authorized	epresentative of a membe	F STATT	
GUY SHARON				BE -	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00