

L14000017484

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.
Account Number : 120010000025
Phone : (786) 899-2235
Fax Number : (305) 935-9042

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 3462 MAIN HIGHWAY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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No. 1414 P. 2

* * * Communication Result Report (Jan. 16. 2019 10:47AM) * * *

1)

Date/Time: Jan. 16. 2019 10:34AM

File	No. Mode	Destination	Pg(s)	Result	Page Not Sent
1370 Memory TX		13506176383	P. 5	OK	

Reason for error
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Division of Corporations

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To: Division of Corporations
Fax Number : (850) 627-6343

From: Account Name : LEONOLD BORG & LEONOLD, P.A.
Account Number : 27201800025
Phone : (786) 839-4235
Fax Number : (305) 951-9047

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

Email Address: _____

LLC AMND/RESTATE-CORRECT OR MING RESIGN
3462 MAIN HIGHWAY, LLC

Certificate of Status	0
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Original Charge	\$25.00

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<https://file.sos.fl.us/scripts/efilecovr.asp>

1/16/2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3462 Main Highway, 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:

Melissa Sosa, Paralegal

Name of Person

Leopold Korn, P.A.

Firm/Company

20801 Biscayne Blvd., Suite 501

Address

Aventura, FL 33180

City/State and Zip Code

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

For further information concerning this matter, please call:

Melissa Sosa

at (786) 899-2232

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

H190000181623

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

3462 Main Highway, LLC, a Florida limited liability company

(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 01/31/2014

Florida document number L14000017434

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)

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

City, Florida

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

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 TALLAHASSEE, FL
 and associated

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>
MGR	Ricardo Albarran	777 Brickell Avenue, Miami, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Palm Corner, LLC, a Delaware limited liability company	9 East 88 Street New York, NY 10128	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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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)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 21, 2018

x. Peter C. Gardner

Signature of a member or authorized representative of a member

Peter Gardner, as Manager

Typed or printed name of signer

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Filing Fee: \$25.00

STALLER, SHARON
TALLAHASSEE, FL

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