L14000038387

(Req	uestor's Name)	
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(City/	State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: _ 100 ANDALUSIA AVENUE #611, 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:	
DAVID SNEIDER	
Name of Person	
Firm/Company	
16725 DANE CT W	
Address	2
BROOKFIELD, WI 53005	
City/State and Zip Code	2014 NAY 16
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	_
SAMUEL A. RUBERT 305 804-5141	PM 1: 17
Name of Person Area Code Daytime Telephone Number	
Produced in advel Conduct No. 100 and	
Enclosed is a check for the following amount:	

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

100 ANDALUSIA AVENUE,		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000038387	were filed on 03/06/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		75 20
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	DAVID SNEIDER	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Mailing address MAY BE A POST OFFICE BOX)	16725 DANE CT W	<u> </u>
	BROOKFIELD, WI 53005	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		er the name of the new
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florida _	Zip Code
N. D. La A. A. M. Ci.	•	

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 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> <u>Address</u> Type of Action **MGR** SAMUEL A. RUBERT 3225 FRANKLIN AVENUE SUITE C101 **■** Remove **COCONUT GROVE, FL 33133** DAVID SNEIDER **16725 DANE CT W** AMBR 🛢 Add BROOKFIELD, WI ☐ Remove Remove □ Add ☐ Remove □ Add □ Add ☐ Remove

iffective date, if other than the date of filing the effective date must be specific, cannot be prior to the date this document is filed by the Florida Department.	ing: (optional) date of receipt or filed date and cannot be more than 90 days after ment of State)
the date this document is filed by the Florida Departm	date of receipt or filed date and cannot be more than 90 days after ment of State)
the date this document is filed by the Florida Department Dated	ing: (optional) date of receipt or filed date and cannot be more than 90 days after ment of State) a member or authorized representative of a member

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Filing Fee: \$25.00