

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000153532 3)))



H150001535323ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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
419 SW 2ND AVENUE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

96445

RECEIVED

15 JUN 22 PM 4: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
15 JUN 22 AM 8: 32
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

JUN 23 2015
J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

H15000153532

(4)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

419 SW 2ND AVENUE, 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 March 11, 2014 and assigned
Florida document number L14000040343.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

244 5th Avenue, Suite 2463

New York, NY 10001

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

244 5th Avenue, Suite 2463

New York, NY 10001

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:

Lee C. Schmauttenberg, P.A.

New Registered Office Address:

1533 Sunset Drive, Suite 201

Enter Florida street address

Coral Gables

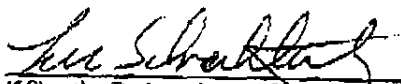
City

Florida 33143

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

FILED

15 JUN 22 AM 8:32

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

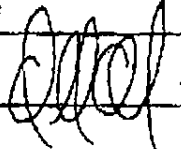
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DE GUZMAN, JOSE M	6000 COLLINS AVE APT 132	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	GALANTE BEKHOR, ALBERTO	20900 NE 30 STREET STB 307	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ARTHUR SEIDT	244 5th Avenue, Suite 2463	<input checked="" type="checkbox"/> Add
		New York, NY 1001	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JOSE PARADELO	244 5th Avenue, Suite 2463	<input checked="" type="checkbox"/> Add
		New York, NY 1001	<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

FILED
15 JUN 22 AM 8:32

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 June 19th, 2015

Signature of a member or authorized representative of a member
JOSE M DE GUZMAN / ALBERTO GALANTE BEKHOR
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
15 JUN 22 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA