## L140000 49682

(Re	equestor's Name)	
· (Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>:</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
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## COVER LETTER

TO: Registration Section
Division of Corporations

MY DRE.	AMS & DEVELOPMEN	T REALTY LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	FISCHER, Ezequiel		
		Name of Person	
		Firm/Company	
	1000 E Hallandale B	each Blvd, Suite 30	
		Address	
	Hallandale Beach, F	L, 33009	
		City/State and Zip Code	······································
	ezefischer@gmail.com		
	E-mail address; (t	o be used for future annual report notific	ration)
For further information co	oncerning this matter, please ca	वी:	
Ezequiel Fischer	·	305 527-3503	
Name o	f Person	Area Code Daytime	Felephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

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

(Name of the Limited		y as it now appears on our reconstility Company)	rds.)			
The Articles of Organization for this Limited Lia Florida document number <u>L14000049682</u>	bility Company v	were filed on <u>03/26/2014</u>		a	nd assi	gned
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of	the limited liabil	ity company here:				
The new name must be distinguishable and end with the w	ords "Limited Liabil	ity Company," the designation "I	LC" or t	he abbrevia	tion "L	.L.C."
Enter new principal offices address, if applica	nter new principal offices address, if applicable: 1000 E Hallandale Beach Blvd, Suite 30					
(Principal office address MUST BE A STREET	ADDRESS)	Hallandale Beach, FL, 33009				
			····		<del></del>	<del></del>
Enter new mailing address, if applicable:		1000 E Hallandale Be	ach Bl	vd, Sui	e 30	
(Mailing address MAY BE A POST OFFICE B	<u>(0x)</u>	Hallandale Beach, FL	3300	9		<del></del>
B. If amending the registered agent and/or the new registered offi	ice address here	:	ds, <u>ent</u>	er the I	ame	of the new
Name of New Registered Agent:	FISCHER, E	zequiei	<del>- *</del>	<u> 공덕</u> 였튒	1/2	स्वत्यात्रात्तः स्वत्यात्रात्तः
New Registered Office Address:	1000 E Halla	ndale Beach Blvd, Sui		_ <u>~~</u>		6 
	Hallandale B	,,	ess Florida	33009	10:5	t consisted of
New Registered Agent's Signature, if changing Re	egistered Agent:	City		DA A	Code	

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

Page 1 of 3

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>	Address	Type of Action
AMBR.	FERNANDEZ, Eduardo G	1616 N Florida Mango Rd Suite A7	D.Add
		West Palm Beach, FL, 33409	Remove
MGR	FISCHER, Ezequiel	1000 E Hallandale Beach Blvd, Suite 3	3O ■ Add
		Hallandale Beach, FL, 33009	□ Remove
			<del></del>
			□ Ádd
			Remove
e 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Add Rephove
			JAN V.
		ក ក	
			S O C Remove
		>	·
<del>-,-,</del>			D Add
		<u> </u>	□ Remove

. If amending any other information, enter ch	ange(s) here: (Attach additional sh	eets, if necessary.)
·	<u> </u>	
·	•	
Effective date, if other than the date of filing (The effective date must be specific, cannot be prior to dat the date this document is filed by the Florida Department	e of receipt or filed date and cannot be more t of State)	(optional) than 90 days after
Dated,	2014	
Signature of a n	nember of authorized representative of a m	ember
OFFIRE GOLDA		
	Typed or printed name of signee	

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Filing Fee: \$25.00

SECRETARY OF STATE ALLAHASSEF, FLORIN