L14000063118

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CRETARY OF STATE

E mo

B. BOSTICK

JUN - 4 2014

EXAMINER

COVER LETTER

TO:	Registration Section
	Division of Corporation

603N OWNERS LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua M. Mittenthal, Esq.

Name of Limited Liability Company

Name of Person

Mittenthal Weinstein LLP

Firm/Company

3100 S. Federal Hwy., Ste. B

Address

Delray Beach, FL 33483

City/State and Zip Code

mittenthal@mw-attorneys.com

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

For further information concerning this matter, please call:

Joshua M. Mittenthal, Esq.

Name of Person

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 Eee, 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

603N OWNERS LLC			
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our reco Limited Liability Company)	rds.)	
The Articles of Organization for this Limited Liability C	Company were filed on April 17, 20	and assigned	
Florida document number L14000063118	[*]		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here:		
The new name must be distinguishable and end with the words "Lir	nited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		BZ V	
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent.	tered office address on our record ress here:	ds, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addr	ess	
- 	, F	lorida Zip Code	
	City	Zip Coae	

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

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 **Address Type of Action** Title Name 254 W. 51st St., Unit 18A ■ Add Joshua T. Goldstein **AMBR** New York, N.Y. 10019 □ Remove 4 Executive Blvd., #100 Mark Goldstein **AMBR** Suffern, N.Y. 10901 ■ Remove □ Remove □ Add □ Remove □ Add ☐ Remove

If amending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date	of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department	of State)
Dated May 28	2014
Signature of a me	ember or authorized representative of a member
Jeffrey P. Goldstein	
	voed or printed name of signee

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Filing Fee: \$25.00

SRETARY OF STATE

SRETARY OF STATE

ANALYSEE, FLORID.