L14 0000 70544

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COVER LETTER

TO:

Registration Section > Division of Corporations

DUNBAR SHOPPING CENTER 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:

LYDIA WESTDICKENBERG

Name of Person

DUNBAR SHOPPING CENTER LLC

Firm/Company

1109 NORTH FEDERAL HWY- UNIT 3

Address

HOLLYWOOD, FL 33020

City/State and Zip Code

LWESTDICKENBERG@GMAIL.COM

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

For further information concerning this matter, please call:

LYDIA WESTDICKENBERG

516 805-1558

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BAR SHOPPING C			
(Name of the Lim	ited Liability Company as (A Florida Limited Liabil	it now appears on our reco	ords.)	
The Articles of Organization for this Limited I Florida document number <u>L14000070544</u>		e filed on 04/30/2014	1	and assigned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liability	company here:		
The new name must be distinguishable and end with the	e words "Limited Liability (Company," the designation "	LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	icable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE				
100 100 100 100 100 100 100 100 100 100				- /- ····
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	office address here: Lydia Westdick	enberg	rds, enter the	name of the nev
New Registered Office Address:	1109 N Federa		(2) 10	The state of the s
	Hollywood	Enter Florida street add	Florida 3302	
		City	2)2 O:	ip Code
New Registered Agent's Signature, if changing	Registered Agent:		A	(,)
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg	per and complete perj	formance of my duties,	and I am fami	liar with and

If Changing Registered Agent, Signature of New Registered Agent
Page 1 of 3

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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
mgr	Mitchell Kaminksy	160 WEST KEY PALM BOCA RATON, FL 33432	Add
			Remove
mgr	Lydia Westdickenberg	1850 S Ocean Dr #3708	
		Hallandale BCH, FL 3300	9 □ Remove
			 □ Add
			Remove
			□ Add
		. <u>9</u> . 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	Add
			_□ Remove

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 m	(optional) ore than 90 days after
the date this document is filed by the Florida Department of State)	
the date this document is filed by the Florida Department of State)	

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Filing Fee: \$25.00

TALLANASSI SELEMENTE