

L14000072625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

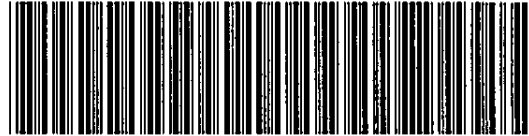
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200281462212

02/04/16--01013--003 **25.00

FILED
2016 FEB -4 A 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 05 2016

S MASON

SHEVLIN & ATKINS

ATTORNEYS AT LAW

1111 KANE CONCOURSE
SUITE 619
BAY HARBOR ISLANDS, FLORIDA 33154
TELEPHONE (305) 868-0304
FACSIMILE (305) 868-0338
WWW.SHEVLINATKINS.COM

BARRY T. SHEVLIN
ANDREW S. ATKINS*
ERIC J. REISMAN**
ELI M. POLLACK

January 27, 2016

*ADMITTED IN FL AND GA
**ADMITTED IN FL AND NY

VIA U.S. MAIL

Division of Corporations
Clifton Building
P.O. Box 6327
Tallahassee, FL 32314

Re: 2426 NE 2nd, LLC.
Document Number: L14000072625


Dear Sir/Madame:

Enclosed please find Articles of Amendment for the above limited liability company. I have also enclosed a check in the amount of \$25.00 for the cost of this filing.

Yours very truly,

SHEVLIN & ATKINS
Attorneys at Law

By:


Andrew S. Atkins, Esq.

enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2426 NE 2ND, 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:

Andrew S. Atkins, Esq.

Name of Person

Shevlin & Atkins, Attorneys at Law

Firm/Company

1111 Kane Concourse, Suite 619

Address

Bay Harbor Islands, FL 33154

City/State and Zip Code

andrew@shevlinatkins.com

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

For further information concerning this matter, please call:

Andrew Atkins

305 868-0304
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

2426 NE 2ND, 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 5/2/2014 and assigned
Florida document number L14000072625.

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)

480 Park Avenue

Apt 12C

New York, NY 10022

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

480 Park Avenue

Apt 12C

New York, NY 10022

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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
SECRETARY OF STATE
FLORIDA
FEB - 4
A 11:02

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>
			<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2016 FEB - 4 A 11 02
SECRETARY OF STATE
TAMPA FLORIDA

Lined area for document content.

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 Jan 27 2016

X [Signature]
Signature of a member or authorized representative of a member

Member Singh
Typed or printed name of signer

FILED
2016 FEB -4 A 11:02
TREASURY OF STATE
TALLAHASSEE, FLORIDA