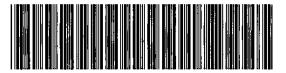
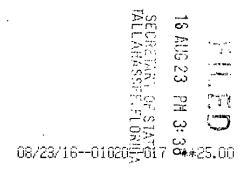
# L14000080513

(Re	questor's Name)	
(Ad	dress)	·
•		
, (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
1		

Office Use Only



600289204496



N. HARRIS

## **COVER LETTER**

ΤÒ:				1	
SUBJECT: 936 Source Realty Luc  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:  Shereen Lashidi Esq. Name of Person  Firm/Company  317 Park Argue South 3 rd F1  Address  New York Ny 10016  City/State and Zip Code  Lashidi Fee  City/State and Zip Code  MAN 3600 P. Albro. Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Shereen Lashidi Esq. Name of Person  at (212) 213 ~ 2500  Daytime Telephone Number  Einclosed is a check for the following amount:  525.00 Filing Fee  Certificate of Status  Certificate of Status  (additional copy is enclosed)  Certificate of Status & Certified Copy					
The en	closed Articles of Am	endment and fee(s) are s	ubmitted for filing.		
Please	return all corresponde	ence concerning this matt	er to the following:		
	. ,	She	reen Rashidi, Name of Person	Esq.	
			Firm/Company		
		<u>317 Pa</u>	ark Avenue Sc Address	Reatry LC  Itted for filing.  the following:  Pashidi Esq.  Name of Person  Firm/Company  Address  Ny 10016  City/State and Zip Code  Peyahor. Com  be used for future annual report notification)  at (212)  Area Code  Daytime Telephone Number   \$55.00 Filing Fee &  Certified Copy  \$60.00 Filing Fee,  Certificate of Status &	
		New Yo	Shereen Rashidi Esq.  Name of Person  Finn/Company  317 Park Avenue South 3rd Fl  Address  New York Ny 10016  City/State and Zip Code  M. A.V. 360. P. Jahon. Com  E-mail address: (to be used for future annual report notification)  this matter, please call:  Sq. at (212)  Area Code  Daytime Telephone Number  g amount:  Of Filing Fee & Certified Copy  (additional copy is enclosed)  Certificate of Status & Certified Copy  (additional copy is enclosed)		
	-				
For fur	ther information conc		•	,	
Sh	ereen Rashi Name of Pe	di Esq.	at (212 Area Code)	13 ~ 250 O  Daytime Telephone Number	
Enclos	ed is a check for the f	ollowing amount:	•		
\$2:	5.00 Filing Fee		Certified Copy	Certificat (Seed) Certified	e of Status & Copy

### 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

y as it now appears on our rec	ords.)	
	2014	_ and assigned
ity company here:		
1.	LC" or the abbre	viation "L.L.C."
NIA	AL 38	ਦੂਨ
		S
NIA	LF. FLC	ت بالا ب الق
	RID's	<u>အ</u>
ice address on our reco	rds, <u>enter the</u>	e name of the
Enter Florida street add	dress	
	Florida	Zip Code
	ity company here:  Y Company," the designation "INA  N/A  ice address on our reco	ity company here:  Ty Company," the designation "LLC" or the abbrevable of the second

#### 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

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>	Name	Address	Type of Action
MGR	Lavian, Joshua	800 Brickell Avenue Suite 1501	_ □ Add
		Miami, F1 33131	Remove
-			☐ Change
<u>.</u>			Add
			☐ Remove
			☐ Change
MGR	Lavian, Moise	800 Bickell Avenue Suite 1501	Add
		Miami, F1 33131	☐ Remove
			□ Change
			Add
			□ Remove
		800 Brickell Avenue Suite 1501	☐ Change
MGR	Lavian George	Miami, P1 33131	Add Add
			Remove
			Change
			Change
			Change Chang
			□ Remove
			Change

				· · · · · · · · · · · · · · · · · · ·	<del></del>
1					
•					
_					
•					
	1.40.1				
<del></del>					
	and the day of the same of the				
					<del></del>
		<u> </u>			
		M14	(a=tia=	.al\	
in effective d	te, if other than the date of the late is listed, the date must be specificated.	c and cannot be prior to date of filing or m	(option ore than 90 days after fi	iling.) Pursuant to	605.0207
ote: If the c	date inserted in this block does to fective date on the Department	not meet the applicable statutory filing	g requirements, this	date will not be	listed as
cument s c.	neenve date on the Department	Of Blate 9 10001ds.			
rocord c	nacifies a delayed effectiv	ve date, but not an effective t	ime at 12·01 a	m on the ea	rlier of
	day after the record is fil		mie, de 12.01 d.	ini on the ca	
				As	
ated	August 8	, <u>2016</u>		ECH ECH	
				AUG :	"F
		//////////////////////////////////////	9 9	SS 23	172
	Signature	of a plember or authorized representative	oi a member	ES E	
	Ma	sise Lavian		1.02 1.02 1.02 1.02 1.02 1.02 1.02 1.02	
	. 10	Typed or printed name of signee		<u> </u>	- Carrie

Page 3 of 3

Filing Fee: \$25.00