# L140000 83156

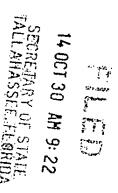
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
- -
Special Instructions to Filing Officer:

Office Use Only



900265400559

10/30/14--01023--013 \*\*25.00



J. Shivers OCT 3 1 2014

### COVER LETTER

TO:	Registration Section
	Division of Corporations

2606 N 38 AV, 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:

## David M. Lazarus, Esquire

Fromberg, Perlow & Kornik, PA

20295 NE 29 Place, Suite 200

Aventura, FL 33180

City/State and Zip Code

dlazarus@fpk-law.com

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

For further information concerning this matter, please call:

## David M. Lazarus

at (305) 933-2000

Area Code Davtime Telephor

Name of Person

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

2606 N 38 AV, LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	<del> </del>
•		
The Articles of Organization for this Limited Liability C	Company were filed on 5/22/2014	and assigned
Florida document number L14000083156		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the words "Li	mited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
	···	
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		er the name of the new
registered agent and/or the new registered office and	ires nere.	Žs.
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		<u> </u>
	Enter Florida street address	SER O
	, Florida	TO B IN
	City	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	· 高温 · 2

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 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
MGR	Christi G. Desky	4060 N. Hills Drive, Suite 2	22 Add
		Hollywood, FL 33021	■ Remove
MGR	Yosef Solovey	4060 N. Hills Drive, Suite 2	22 ■ Add
		Hollywood, FL 33021	□ Remove
			□ Remove
<del></del>			
			Certove Remove R
			□ Remove
			Adđ
			Remove

If amending any other information, enter change(s) here: (Attach additional	anceia, ij necessary.
<u> </u>	
	<del></del>
Effective date, if other than the date of filing:	(ontional)
he effective date must be specific, cannot be prior to date of receipt or filed date and cannot be mo	(optional) ore than 90 days after
he effective date must be specific, cannot be prior to date of receipt or filed date and cannot be mo	(optional) ore than 90 days after
he effective date must be specific, cannot be prior to date of receipt or filed date and cannot be mother the date this document is filed by the Florida Department of State)	(optional) ore than 90 days after
he effective date must be specific, cannot be prior to date of receipt or filed date and cannot be mother the date this document is filed by the Florida Department of State)	ore than 90 days after
he effective date must be specific, cannot be prior to date of receipt or filed date and cannot be mother the date this document is filed by the Florida Department of State)	(optional) ore than 90 days after
he effective date must be specific, cannot be prior to date of receipt or filed date and cannot be mothed the date this document is filed by the Florida Department of State)  Dated	ore than 90 days after
Ciffective 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 most the date this document is filed by the Florida Department of State)  Dated  Signature of a member or authorized representative of a Yosef Solovey	ore than 90 days after

Page 3 of 3

Filing Fee: \$25.00

14 OCT 30 AM 9: 22
SECRETARY OF STATE
TALLAHASSEE FLORIO