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(Address)

(City/State/Zip/Phone #)

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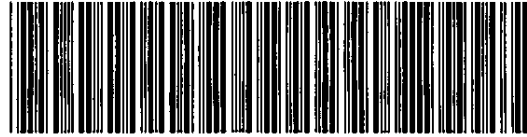
(Business Entity Name)

(Document Number)

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14 JUN 24 PM 1:23
FALLS CHURCH, VA 22034

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 11401 NW LCC
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:

Ram. R. BABAYOFF
Name of Person

P.O. Box 671196
Firm/Company
Address

FLUSHING N.Y. 11367
City/State and Zip Code

R.BABAYOFF@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ram. R. BABAYOFF at (342) 680 1640
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" 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**

11401 NW 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 JUNE 13 2014 and assigned Florida document number L14000095085

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

MATHIEU GOLDENBERG

New Registered Office Address:

164-45 COLLINS AVE PH24

Enter Florida street address

SUNNY ISLES

City

Florida

33160

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.

Mathieu Goldenberg

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

MGR MATHIEU GOLDENBERG 164-45 COLLINS AVE ☒ Add
SUNNY ISLES FL 33160 ☐ Remove

☐ Remove

☐ Add
☒ Remove
☐ Add

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ARTICLE VII: THE INITIAL MEMBERS OF THE
ORGANIZATION ARE:

NOAM SVICEM, A 51% OWNER AND
MATHIEU GOLDENBERG, A 49% OWNER.

E. Effective date, if other than the date of filing: _____ (optional)

(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 6-16, 2014.

Noam Svicem

Signature of a member or authorized representative of a member

NOAM SVICEM

Typed or printed name of signee

14 JUN 26 PM 1:23
STATE OF FLORIDA
DEPARTMENT OF STATE