114000011042

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(Address)
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SEGRETARY OF STATE

IMMOT 2015 J. BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 1, 2014

HELEN OLIVEIRA 10699 SHADY POND LANE BOCA RATON, FL 33428

SUBJECT: 381 SE 7TH AVE LLC Ref. Number: L14000097042

We have received your document for 381 SE 7TH AVE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LEO!" The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is J89652.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

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Deborah Bruce Regulatory Specialist II

Letter Number: 814A00025204

COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT: <u>381</u>		red Liability Company		
The enclosed Articles of Am	nendment and fee(s) are subn	nitted for filing.		
Please return all corresponde	ence concerning this matter to	o the following:		
	HELEN	J OÙ VEIRA Name of Person		
	381 S€ 7T	H AVE LLC Firm/Company		
	10699 SHR	ADY POND LANE		
	BOCA RATON	J FL 33428 City/State and Zip Code		
		City/State and Zip Code TORIA — 1	cation)	2014 DEC 23
For further information cond	cerning this matter, please ca	11:	ASSE	DEC 23 PM
HEIGN O Name of Po	Li VEI RA erson	at (561) 305-30 Area Code Daytime	cation) AASSEE FLORIDA Telephone Number	PH 4: 50
Enclosed is a check for the f	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 Sta Certified Copy (additional copy is en	itus &

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

381 SE 9TH A	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 06/17/2014 and assigned
Florida document number <u>L140000 97042</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
MIZNER & MIZNE	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10699 SHADY POND LANG
(Principal office address MUST BE A STREET ADDRESS)	BOCA BATON PL 33428
	2
	5
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	same as above as w
	REA :
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the ne
	•
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
To Built to the state of the st	

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 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				
Name	Address	Type of Action		
		Add		
		□ Remove		
		Add		
		Remove		
		Add		
		Remove		
		29 · · · · · · · · · · · · · · · · · · ·		
		C 23 Add L: Redove		
		□ Add		
		Remove		
		Add		
		Remove		
	uthorized Member	Name Address		

. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
_	
(The effe	tive date, if other than the date of filing:
Dated	NOVEMBER 10, 2014.
	Ann.
	Signature of a member or authorized representative of a member
	HELEN OLIVEIRA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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