

Division of Corporations

Page 1 of 2

L14000117240

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000221858 3)))



H140002218583ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.
Account Number : I20000000083
Phone : (305) 932-6262
Fax Number : (305) 933-9393

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: yf@serberlawfirm.com

RECEIVED

14 SEP 22 AM 8:50

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DOWNTOWN 1826 HOLDING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

SEP 23 2014

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **DOWNTOWN 1826 HOLDING, 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:

Daniel J. Serber

Name of Person

Serber & Associates, P.A.

Firm/Company

2875 NE 191st Street, Suite 801

Address

Aventura, FL 33180

City/State and Zip Code

info@serberlawfirm.com

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

For further information concerning this matter, please call:

Yolanda L. Fornaris

Name of Person

305 932-6262

Area Code

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

FILED
14 SEP 22 PM 9:57
TALLAHASSEE, FL
SECRETARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Downtown 1826 Holding, LLC

(Name of the Limited Liability Company as it now appears in documents
(Name of the Limited Liability Company))

The Articles of Organization for this Limited Liability Company were filed on 07/25/2014 and assigned
Florida document number L14000117240

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 office 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:

New Registered Office Address:

State Florida (omit 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 relating 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 603, F.S. On 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.

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

Title	Name	Address	Type of Action
-------	------	---------	----------------

MGR	Ian Ludmir	2875 NE 191st Street, Suite 801	☐ Add
-----	------------	---------------------------------	------------------------------

		Aventura, FL 33180	☐ Remove
--	--	--------------------	---------------------------------

MGR	David Frank	2875 NE 191st Street, Suite 801	☐ Add
-----	-------------	---------------------------------	------------------------------

		Aventura, FL 33180	☐ Remove
--	--	--------------------	---------------------------------

MGR	5665 Downtown 5665 Management, LLC	2950 SW 27 AVE # 320	☐ Add
-----	---------------------------------------	----------------------	------------------------------

		MIAMI, FL 33133	☐ Remove
--	--	-----------------	---------------------------------

MGR	Downtown 1826 Manager, LLC	18860 Collins Avenue, Suite 107	☐ Add
-----	----------------------------	---------------------------------	------------------------------

		Sunny Isles, FL 33160	☐ Remove
--	--	-----------------------	---------------------------------

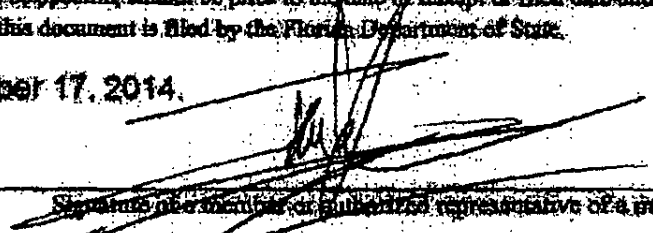
FILED
14 SEP 22 9 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1) _____

E. Effective date, if other than the date of filing: _____ (optional).
(The effective date must be specific, cannot be prior to the 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 September 17, 2014.



Signature of member or authorized representative of a member

Ian Lucmir - Manager

Typed or printed name of signer

Page 3 of 3

FILED
14 SEP 22 10 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA