

L14000 137039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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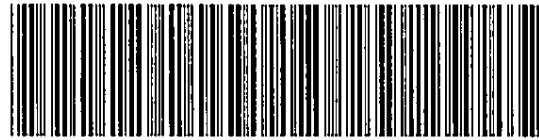
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 1230 99TH STREET 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:

ANGEL SANTOS

Name of Person

BENJAMINS GROUP LLC

Firm/Company

25 SE 2ND AVE. SUITE 1005

Address

MIAMI, FL 33131

City/State and Zip Code

ANGEL@BENJAMINSGROUP.COM

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

For further information concerning this matter, please call:

ANGEL SANTOS

305 846-9486
at ()

Name of Person

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

1230 99TH STREET 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 09/02/2014 and assigned
Florida document number L14000137039.

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

Enter new principal offices address, if applicable:

25 SE 2ND AVE

(Principal office address MUST BE A STREET ADDRESS)

SUITE 1005

MIAMI, FL 33131

Enter new mailing address, if applicable:

25 SE 2ND AVE

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 1005

MIAMI, FL 33131

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:

ANGEL SANTOS

New Registered Office Address:

25 SE 2ND AVE. SUITE 1005

Enter Florida street address

MIAMI

City

, Florida

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.



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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FRANCIS MOEZINIA	5151 COLLINS AVEENUE	<input type="checkbox"/> Add
		SUITE 1627	<input checked="" type="checkbox"/> Remove
		MIAMI BEACH, FL 33140	<input type="checkbox"/> Change
AMBR	MATTHEW SHEAR	25 SE 2ND AVENUE	<input checked="" type="checkbox"/> Add
		SUITE 1005	<input type="checkbox"/> Remove
		MIAMI, FL 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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17 OCT - 2 AM 7:48
SECRETARY OF STATE
ALL AMBASSCE. FLORID

17 OCT -2 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPTEMBER 28, 2017

MATTHEW SHEAR

Typed or printed name of signee