# L14000/45/63

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### **COVER LETTER**

Registration Section Division of Corporations

2410 NE 136 ST., 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:

## BETTY BLANCO, ESQUIRE

Name of Person

BETTY BLANCO, P.A.

Firm/Company

2103 CORAL WAY, SUITE 304

Address

MIAMI, FLORIDA, 33145

City/State and Zip Code

BBLANCOLAW@AOL.COM

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

For further information concerning this matter, please call:

# BLANCO, ESQUIRE <sub>at (</sub>305<sub>)</sub> 856-3100

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

2410 NE 136 ST. LLC			
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) led Liability Company)		_
The Articles of Organization for this Limited Liability Comparing L14000145163	any were filed on 09/17/2014	and	lassigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iahility company here:		
	idonity company nere.		
2001 BISCAYNE BOULEVARD, #2511, LLC  The new name must be distinguishable and end with the words "Limited I	Liability Company," the designation "LLC" or	the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	)		
Enter new mailing address, if applicable:			28146
(Mailing address MAY BE A POST OFFICE BOX)		7.	9 7
		() () [] ()	Tom (c.eues
		- 52	Z IT
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		1.5	me of the ne
Name of New Registered Agent:		<del></del>	
New Registered Office Address:			
	Enter Florida street address		
	, Florid		· -
	City	Zip C	ode

#### 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00