## 14000/49382

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(Requestor's Name)
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<b>(,</b>
(City/State/Zip/Phone #)
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(Business Entity Name)
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## **COVER LETTER**

SHAPIGO SUBJECT:	) DEVELOPMENT LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subn	nitted for filing.	
Please return all corresp	oondence concerning this matter to	o the following:	
	Vivian Pou		
	Jorge M. Vigil. P.A.	Name of Person	
	265 Sevilla Avenue	Firm/Company	
		Address	
	Coral Gables, FL 33134	(1) (0) (1) (1) (1) (1)	
	vivian@jvigillaw.com  F-mail address: (to	City/State and Zip Code  be used for future annual report notifi	eation)
For further information	concerning this matter, please cal	·	( <b>-1</b> (-1)
Vivian Pou		786 497-4450 at () Area Code Davtime	Th. 1
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
S25.00 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

TO:

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

SHAPIGO DEVELOPMENT LLC		
(Name of the Limited (A	Liability Company as it now appears on our recor Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liab	ility Company were filed on 09/23/2014	and assigned
Florida document number L14000149382	·	7.2
This amendment is submitted to amend the follow	ing:	27
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LI,	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ele:	
Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our recor ce address here:	ds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
	1	Florida
	Cin	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 am@nding 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>	Type of Action
AMBR	PHILLIPPE COHEN	10825 NW 33 STREET MIAMI, FL 33172	
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			Change
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			☐ Change
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			PRemove
			Add 2: Remove
			☐ Change
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fective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing ote: If the date inserted in this block does not meet the applicable statutory	g or more than 90 days after filing.) Pursuant to 605.02 v filing requirements, this date will not be listed a
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effect	ive time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
ned Cotober 37 do18	
Signature of a member of authorized represen	

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Filing Fee: \$25.00