

L17000452640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

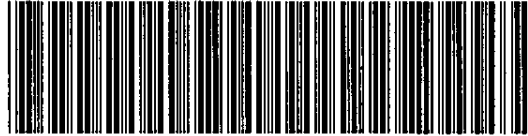
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700267869247

01/05/15--01021--017 **100.00

FILED

15 JAN -5 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only



WAGNER & ASSOCIATES

THE LAW FIRM

20137 NE 16th Place
Miami • FL 33179

T. 305.919.7788 • F. 305.940.7463
www.DanielWagnerLaw.com

December 29, 2014

Florida Dept. of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Amendments: 1) L14000152640
2) L14000152661
3) L14000152643
4) L14000152632

Dear Sir/Madam:

I hope this finds you well. Please find enclosed the above-referenced four (4) Amendments adding JoAnn Sonsini as a Manager to each of the existing LLCs. Also, please find enclosed a check in the amount of one hundred dollars (\$100.00), made payable to the Florida Department of State, for the filing fee for each Amendment.

Please file said executed Amendments. Thank you for your attention in this matter. Please feel free to contact our office with any concerns.

Respectfully,

Xavier W. Rojas, Esq. LLM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2515 South Atlantic, 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 Wagner, Esq.

Name of Person

Daniel Wagner, P.A. d/b/a Wagner & Associates

Firm/Company

20137 NE 16th PLace

Address

Miami, FL 33179

City/State and Zip Code

daniel@danielwagnerlaw.com

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

For further information concerning this matter, please call:

Daniel Wagner, Esq.

at (305) 919-7788

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**

2515 South Atlantic, 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 09/30/2014 and assigned Florida document number L14000152640.

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 offices 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:

Enter Florida street address

Florida

City

FILED
15 JAN -5 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JoAnn Sonsini	4664 Island Reef Drive	<input checked="" type="checkbox"/> Add
		Wellington, FL 33449	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
15 JAN -5 PM 2:13
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to 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 December 16, 2014.

Robert DeMarco

Signature of a member or authorized representative of a member

Robert DeMarco

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
15 JAN -5 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA