

L14,000160647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

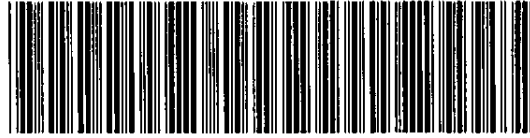
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

FILED

JUN 18 2015

Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 4, 2015

KEVIN FISCHER  
1400 LINCOLN RD., #504  
MIAMI BEACH, FL 33139

SUBJECT: COLLINS 1006 LLC  
Ref. Number: L14000160647

We have received your document for COLLINS 1006 LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 215A00011768

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FILED

*received  
June 16*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: COLLINS 1006 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:

KEVIN FISCHER

\_\_\_\_\_  
Name of Person

C/O OSCAR REY CPA

\_\_\_\_\_  
Firm/Company

1400 LINCOLN RD, #504

\_\_\_\_\_  
Address

MIAMI BEACH, FL 33139

\_\_\_\_\_  
City/State and Zip Code

KEVIN@OSCARREY.COM

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

For further information concerning this matter, please call:

KEVIN FISCHER

at ( 305 ) 531-8518

\_\_\_\_\_  
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**

COLLINS 1006 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 05/05/2014 and assigned  
Florida document number L14000160647.

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:**

1032 EUCLID AVE

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI BEACH, FL 33139

**Enter new mailing address, if applicable:**

c/o Roberto Sierra/Herbert Hufnagle

**(Mailing address MAY BE A POST OFFICE BOX)**

1032 Euclid Ave

Miami Beach, FL 33139

**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:

Oscar Rey CPA, PA

New Registered Office Address:

1400 Lincoln Rd., Apt 504

*Enter Florida street address*

Miami Beach

Florida

33139

*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 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 STATE OF ILLINOIS  
 DEPARTMENT OF REVENUE  
 TAX COLLECTOR

205 JUN 16 PM 3:19  
CLERK OF SUPERIOR COURT  
ALABAMA DEPT. OF CORRECTIONS

2015 JUN 16 PM 3: 19

05/20/2015

**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 May 20 2015

Signature of a member or authorized representative of a member

HERBERT HUFFNAGEL

Typed or printed name of signee