

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : GILMAN CIOCIA INC.  
Account Number : I20120000051  
Phone : (305)937-7773  
Fax Number : (815)301-2897

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2015 NOV 24 P 1:28  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**PREF 1239 NE 5TH AVE FT LAUDERDALE LLC**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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November 24, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

PREF 1239 NE 5TH AVE FT LAUDERDALE LLC  
13660 COLLINS AVENUE  
SUITE 107  
SUNNY ISLES BEACH, FL 33160US

SUBJECT: PREF 1239 NE 5TH AVE FT LAUDERDALE LLC  
REF: L14000164695

RECEIVED  
15 NOV 24 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

A business cannot sign.

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.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H15000278630  
Letter Number: 715A00024739

FILED  
2015 NOV 24 P 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

PREF 1239 NE 5TH AVE FT LAUDERDALE 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 10/22/2014 and assigned  
Florida document number L14000164695.

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:**

(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

**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>
AMBR	ORLY DOCTORY	6 BET LEKHEM ST	<input type="checkbox"/> Add
		TEL AVIV ISAREL 63292 IL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MR. NEVO DOCTORI	BANANA BEACH	<input checked="" type="checkbox"/> Add
		P.O. BOX 4462	<input type="checkbox"/> Remove
		TEL AVIV 6104302 ISRAEL	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA  
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10

2015 NOV 24 P 1:28

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TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:**

**Dated**

11/24/15  
Signature of a member

Signature of a member or authorized representative of a member

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