L14000170363

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



08/24/16--01015--010 **25.00

AUG 25 2016 S. YOUNG

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	LVA M	Realty LLC nited Liability Company	
	Name of Em	area zaronny e y npany	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Greyn R. Fishman Name of Person	
		Greyor R. Fishman, P	<u>A</u> . 5
	2750	NE 185 St., Ste Address	74
	A	City/State and Zip Code	3
		to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
(oran	of Person	at (305) 79 2 Area Code Daytime	2-6945 e 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)
MAI	LING ADDRESS:	STREET/COURT	FR ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	m Realty, LLC			
(Name of the Limited Li (A F)	ability Company as it now appear orida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liabili		11/03/14	and assign	ned
Florida document numberL14000170363	······································			
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company he	e <u>re</u> :		
The new name must be distinguishable and contain the words '	'Limited Liability Company," the d	lesignation "LLC" or the abb	reviation a.b.L.C	<u> </u>
Enter new principal offices address, if applicable:	:		36	23
(Principal office address MUST BE A STREET AL	-		24	<u> </u>
				<u>Fig</u> e
Enter new mailing address, if applicable:			<u></u>	
(Mailing address MAY BE A POST OFFICE BOX				
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, enter t	he name of	the nev
registered agent and/or the new registered office a	address nere:			
Name of New Registered Agent:				
New Registered Office Address:	Enter Flor	rida street address		
	2.76.170			
	City	, Florida	Zip Code	
New Registered Agent's Signature if changing Degist	tared Agents			

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 A or removed fr	Authorized Person(s) authorized to marom our records:	nage, enter the title, name, and address of each j	person being added
MGR = Mai AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Nurit Perlmutter de Birnbown	19333 Collin Are, #2307	□ Add
		Sugar Is les Beach, FL 33160	D □ Remove
			Change
AMBR	Maxim Weitzman	10235 W Broadview Dr.	□ Aḋd
		Bay Harbor, FL 33154	Remove
			Change
			ANG Add
		 	Remove
			_ Change
	,		_□ Add
			_□ Remove
		-	Change
			_□ Add
			_□ Remove
			_□ Change

_ Add

_□ Remove

_□ Change

				·			_
			 				_
						···	
					•••		
	.						_
							_
							_
						ま	— ;
						Ė	
				<u> </u>		106 24 Km 11.	-
						=======================================	<u>-</u>
							=
						 (,	J.
							_
					***		_
							
D. Decention des	e, if other than the c]			(= 4 * =	15	
(If an effective d	ate is listed, the date must	be specific and ca	nnot be prior to da	te of filing or more	han 90 days after	filing.) Pursuant to 60	05.02
	late inserted in this blo fective date on the De			statutory ming re	quirements, this	date will not be its	siea
	pecifies a delayed day after the reco		e, but not an	effective time	e, at 12:01 a	.m. on the earl	lier
Dated	Argust	19,	2016.				
	Ü	THY.					
		///					

Page 3 of 3

Filing Fee: \$25.00