## 14000179549

questor's Name)	
dress)	
dress)	
ty/State/Zip/Phone	e #)
☐ WAIT	MAIL
siness Entity Nar	ne)
ocument Number)	
_ Certificates	s of Status
Filing Officer:	
	dress)  dress)  cy/State/Zip/Phone  WAIT  siness Entity Nar  cument Number)  Certificates

Office Use Only



100291761371

100291761371 10/31/16--01043--010 \*\*25.00



D. SCOTT NOV 1 2016

## **COVER LETTER**

	Registration Sec Division of Corp				
SUBJECT	Γ:		1706, LLC ited Liability Company		
The enclose	sed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please retu	ırn all correspon	dence concerning this matter	to the following:		
		EZEQUI	EL FISCHER Name of Person		
		EZEQUIE	Firm/Company	2 PA	
	10	OO E. HALL	Address	> <u> </u>	
	417	TUANDALE	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	33009	
	25	E-mail address: (	to be used for future annual report notific	SECRE SECRE	71
For further	r information co	ncerning this matter, please ca	all:	TARY HASS	
EZE	FQUIEC Name of	FISCHER_Person	at (305) 527.  Area Code Daytime T	- 3503 FROM STATE OF	21: 3 31.
Enclosed i	s 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

(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 11/19/2014 and assigned Florida document number 4140000179549
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:  1000 E. HALLANDALE BEACH BLUD  (Principal office address MUST BE A STREET ADDRESS)  SUITE 28  HALLANDALE, FL 33009
Enter new mailing address, if applicable: 1000 E. HALVINDALE BEACH BLVD
(Mailing address MAY BE A POST OFFICE BOX) SUITE 28
HALLANDALE, FL 33009
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 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>	Address	Type of Action
		-	_ □ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			□ Change
			Add
			TALLAHI SSELLAND
			SSEE FLORE 22
			□ Add
			☐ Remove
			☐ Change

f amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	· · · · · · · · · · · · · · · · · · ·
-	
_	
_	
ffectiv	e date, if other than the date of filing: (optional) tive 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
ote: 11	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocume	nt's effective date on the Department of State's records.
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the earlier of
The 9	10th day after the record is filed.
	October 25, 2016.
ated _	October 25, 2016.
	Signature of a member or authorized representative of a member
	EZEQUIEL FISCHER
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00