

L14000181784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

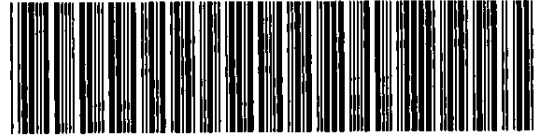
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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PARLADE LAW FIRM, P.A.

7050 SOUTHWEST 86th AVENUE
MIAMI, FLORIDA 33143-2426
PHONE (305) 595-2300
FAX (305) 595-0408

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October 31, 2016

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

VIA FEDERAL EXPRESS

**Re: Filing of Articles of Amendment to Articles of Organization for:
1352 HIALEAH LLC**

Dear Sir or Madam:


This office represents the above referenced Limited Liability Company.

Attached please find the Cover Letter and Articles of Amendment to Articles of Organization of the above referenced LLC. Enclosed herein please find check covering the following fees:

- Filing Articles of Amendment for Articles of Organization	\$ 25.00
TOTAL:	\$ 25.00

Should you have any questions and/or need any additional information do not hesitate to contact our office. Otherwise thank you for your attention in this matter.

Very truly yours,


Carlos J. Corral, Esq.

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1352 HIALEAH 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:

Alberto J. Parlade, Esq.

Name of Person

Parlade Law Firm, P.A.

Firm/Company

7050 SW 86 Avenue

Address

Miami, Florida 33143

City/State and Zip Code

AJP@Parladelaw.com

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

For further information concerning this matter, please call:

Alberto J. Parlade, Esq.

Name of Person

at (**305**)

Area Code

595-2300

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**

1352 HIALEAH 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 11/24/2014 and assigned Florida document number L14000181784.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

2295 APARTMENTS LLC

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

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

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FLORIDA

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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information.

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

(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)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 31, 2016

Handwritten signature of Sergio Concepcion

Signature of a member or authorized representative of a member

Sergio Concepcion, Manager

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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