# U14000187805

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Gity/State/Zipir Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
Arad





100268539441

01/20/15--01029--018 \*\*30.00

15 JAN 20 PM L: 50
SECRETARY OF STATE

# **COVER LETTER**

TO:	Registration Sectio Division of Corpor	n ations	•	
SUBJEC	T: ROS		ited Liability Company	
The enclo	sed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please ret	urn all corresponde	nce concerning this matter	to the following:	
		LEON	HAUSMAL Name of Person	21
		Ro	TO BROS, Firm/Company	LLC
		27	9 HOLLYWOO Address	D BLUD
		Hock	YWOOD FL City/State and Zip Code	33020
	-	Poy( E-mail address: (	~ <i>'</i> -	TIVE SUITES. COM
For furthe	er information conc	erning this matter, please c	all:	
_ L	FON Name of Pe	HAUSMAN	at 305 Area Code Dayti	8407-9 me Telephone Number
Enclosed	is a check for the fe	ollowing amount:		
\$25.0	0 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

# TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	nny as it how appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L44006 187-805</u> .	were filed on <u>42109/14</u>	and assigned
This amendment is submitted to amend the following:		ere:  designation "LLC" or the abbreviation "L.L.C."  STATE OF THE STATE OF THE NAME OF TH
A. If amending name, enter the new name of the limited liab	vility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or	(1) (1) (1) (1) (1) (1) (1) (1)
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SZ O
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 o registered agent and/or the new registered office address her  Name of New Registered Agent:		nter the name of the new
New Registered Office Address:		
	Enter Florida street address	
		a
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I furthe	r agree to comply with the

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

## Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title Address **Type of Action** Name JONATHAN BRENDER 3361 SW 515T DAdd MGR FORT LAUDERDALG, FLARemove 33312 AMBR CARLOS HAUSMANIN 2719 HOLVYWOOD BLUDGADD HOLLYWOOD, FL Remove 33020 AMBR VICKY HAUSTANN 2719 HOLLYWOOD BLUDA Add HOLLYWOOD, FL 33020 Remove AMBR HENRIQUE PEREL 2719 HULLYWOOD BLUB Add HULLY WOOD, FL 33020 Remove

р	age	7	nf	1
	age	-	U	•

☐ Add

-					<del> </del>		
4:	k e						
	•	•					
		·····				· · · · · · · · · · · · · · · · · · ·	
						•	
E <b>ffective</b> The effectiv	date, if other than	the date of filing:cannot be prior to date of a	receipt or filed o	late and cannot be	(optio	nai) fter	
		ne Florida Department of S					
<b>.</b>	56	12TH, 5	2015				
Dated	Samory	<u></u>	· · · · ·				
		<b></b>	11				
		Signature of a memb	er or authorize	d representative o	f a member		
		1 East	01.	LIA . AM	<i>Ι</i> Λ 1		
		L CO D	ed or printed na	me of signee	AUL	•••	
		1,719-	ed or printed no	ine or signee		⊼ <sub>0</sub> -	
							л 
							5
						SSV BYE	Š
						<u>£</u> 2	_

Page 3 of 3

Filing Fee: \$25.00