L15000009925

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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NOV 18 2015

$SUNSHINE \ {\it corporate \& filing services, inc.}$

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

<u></u>
COVER LETTER DATE: 11-17-15 WALK IN
NAME: 9348 Collins Avenue LLC
(NAME AVAILABLE? CORRECT FORM?)
PLEASE FILE THE ATTACHED AND RETURN:
CHECK # AMOUNT: 25.00
DI EACE CONTACT TINIA AT 050-500-1001 W/ITLL ANV

PLEASE CONTACT TINA AT 850-508-1891 WITH ANY QUESTIONS OR CORRECTIONS!

THANK YOU!
TINA GOFF, PRESIDENT
SUNSHINE CORPORATE & FILING SERVICES, INC.

COVER LETTER

то:	Registration So Division of Cor				
SIV D IF		9348 Co	ollins Avenue LLC		
SUBJE	Cf:	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	-		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
			Isela Calderon		
			Name of Person		
			Wolz Corporate USA, Inc.		
			Firm/Company		
		36	South 18th Avenue, Suite D		
			Address		
			Brighton, CO 80601		
		;	City/State and Zip Code sela@wolzcorporate.com		
			to be used for future annual repor	t notification)	
For furt	her information c	oncerning this matter, please c	all:		
	Isela C	alderon	303 655-965	59	
	Name o	f Person		aytime Telephone Number	
Enclose	d is a check for t	he following amount:			
	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)) Certified	e of Status &
		ING ADDRESS:	STREET/CO Registration S	DURIER ADDRESS:	

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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2015 NOV 17 AN 9: 25 SECRETARY OF STATE TALLARASSEE, FLORIDA

Come Totales

9348	Collins Avenue LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	01/16/2015	and assigned
Florida document number L15000009925	<u>.</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limit	ted Liability Company." the de	esignation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	ESS)		
	 		
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regist		our records, enter	the name of the
registered agent and/or the new registered office addr	<u>ess here</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
		, Florida	
	City		Zin 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>	<u>Address</u>	Type of Action
MGR	Mushka Boymelgreen	3921 Alton Road, Suite 138	🗖 Add
		Miami Beach, FL 33140	■ Remove
			Change
MGR	Mushka Jacobson	3921 Alton Road, Suite 138	■ Add
		Miami Beach, FL 33140	□ Remove
			□ Change
			Add
			☐ Remove
			Change
			Add
		-	☐ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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		<u> </u>		
				
		建省	281	
			2015 NGV	
			17	7
			≩ 9.	(
			25	
_ ==	continual (optional)			
N	fective date, if other than the date of filing:	o 605.0207 : listed as	(3)(b) the	
If the	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e The 90th day after the record is filed.	arlier of	:	
D	ated NOVEMBER 17. 2015			
	Signature of a member of authorized representative of a member	_		
	Joseph Bartfield Fsa			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00