L15000011328

(Requestor's I	Name)		
(Address)			
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PICK-UP W	AIT MAIL		
(Business Ent	ity Name)		
(Document Number)			
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COVER LETTER

Division of Co	rporations	•			
B. EISEN SUBJECT:					
SCBegge #+	Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	BARRY EISEN				
	Name of Person				
	B. EISEN LLC				
	Firm/Company				
	4902 SW 173 AVENUE				
	Address				
,	MIRAMAR, FL 33029				
		City/State and Zip Code			
	EISEN56@COMCAST.NE				
	E-mail address: (to be used for future annual report notific	cation)		
For further information c	oncerning this matter, please ca	all:			
BARRY EISEN		786 523-8713			
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for th	ne 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

TO:

Registration Section

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**

B. EISEN LLC				
(<u>Name of the Limited </u> (A	Liability Company Florida Limited Lia	as it now appears bility Company)	on our records.)	
The Articles of Organization for this Limited Liabi Florida document number <u>L15000011328</u>	lity Company w	ere filed on $\frac{01/2}{}$	0/2015	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liabili	y company her	<u>e</u> :	
The new name must be distinguishable and contain the word	s "Limited Liability	Company," the des	ignation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable	e: _			
(Principal office address MUST BE A STREET A	ADDRESS)			
	-			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u> .			- Colonia Colo
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on o	our records, <u>enter</u>	the name of the no
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
_			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:			
New Registered Office Address: New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the reg	gent and agree and complete pe red agent as pro istered office ac	City to act in this ca erformance of m	, Florida pacity. I further agr y duties, and I am for apter 605, F.S. Or confirm that the line	Zip Code ee to comply v yniliar with ai Y this d <u>oc</u> umel

If Changing Registered Agent, Signature of New Registered Agent
Page 1 of 3

company has been notified in writing of this change.

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 **Type of Action** <u>Address</u> **Title** <u>Name</u> 8500 W. SUNRISE BLVD. UNIT 332 MGR JEROME EISEN ■ Add _□ Remove ☐ Change □ Add □ Remove □ Change _□ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove D -₽ □ Remove ☐ Change

	enter change(s) here: (Attach additional sheet	s, if necessary.)
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	of filing: secific and cannot be prior to date of filing or more than 90 oes not meet the applicable statutory filing requirement of State's records.	
the record specifies a delayed effe) The 90th day after the record i	ective date, but not an effective time, at is filed.	12:01 a.m. on the earlier of:
Dated OCTOBER 05	7 2015	
Signa	ture of a member or authorized representative of a member	SECR TALLA
BARRY EISEN	and the desired of a memory	TAR'
	Typed or printed name of signee	A 9 PEE. FLOO
	Page 3 of 3	TATE ORIDA

Filing Fee: \$25.00