Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

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From:

Account Name

: THE SCHIFFMAN LAW GROUP, P.A.

Account Number: I2000000100

: (305)682-1328

Fax Number : (305) 682-0063

email address for this business entity to be used for future report mailings. Enter only one email address please.**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 149 NW 48 STREET, LLC

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May. 28. 2015 11:03AM Division of Corporations No. 1900 P. 2 Page 2 of 2

Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help



COVER LETTER

TO: Registration Division of C	Section Corporations		
	48 Street, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are subj	mitted for filing.	
Please return all corre	spondence concerning this matter	to the fallowing:	
	Adam R. Schiffman, Esqui	re	
		Name of Person	
	The Schiffman Law Group	, P.A.	
		Firm/Company	
	2875 NE 191 Street, Suite	404	
		Aildress	
	Aventura, Plorida 33180		
		City/State and Zip Code	
	adam@realaity.net	to be used for future annual report notiff	cation)
for further informatio	on concerning this matter, please o		
Adam R. Schiffman,	Esquire	305 682-1328	
Nan	nu of Person	Area Code Daytime	Telephone Number
Englased is a check fo	or the following amount:		
□ \$25.00 Piling Fee	S30.00 Filing Pee & Certificate of Status	☐ \$55.00 Filing Pee & Certified Copy (additional copy is enclosed)	© \$60.00 Piling Fee, Certificate of Status & Certified Copy (additional copy is enalosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tullahassee, FL 32314 STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Chele Tallahassee, PL 32301

No. 1 FO LED 2015 MAY 28 AN 8: 14

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

149 NW 48 Street, LLC		
(Name of the Limites Liability Counts (A Florida Limited)	ov as it now annears on our reliability Company)	cords.)
The Articles of Organization for this Limited Liability Company Plorida document number L15000015038	were filed on January 26,	2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	llity company here:	
The new name must be distinguishable and contain the words "Limited Liability of the contain the words of the contain the	ity 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)		
Date - non-rolling address of mall-older		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		The state of the s
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	fice address on our rec	ords, enter the name of the nov
New Registered Office Address:	Enter Florida street a	dilran
	,	
	Chy	, Florida <u>Zip Code</u>
New Registered Agent's Signature, if changing Registered Agent;		
I hereby accept the appointment as registered agent and agraphovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change,	performance of my dutie provided for in Chapter 6	s, and I am familiar with and 05. F.S. Or, if this document is
If Char	selne Registered Agent Signs	ture of New Registered Agent

No. 1760 P. 5

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
MGRM	Alex Cohen	100 West 58th Street, Apt 10E	Add
		New York, NY 10019	□ Remove
			Change
MORM	Frederico Azeveda	P.O. Box 3178	B Add
		Sag Harbor, NY 11963	□ Remove
			Change
MGR	Premier Business Management, LL	2875 NE 191 Street, Suite 404	🗅 Add
,		Aventura, PL 33180	■ Remove
			Change
		,	
			Remove
			Change
·-·			Add
		C Remove	
			Change
			D Add
			□ Remove
			Change

D. If ac	nending any other information, enter change(s) here: (Attach additional sheets, if nec	essary.)	
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		SECOND IN COLUMN TO THE COLUMN TH	į
		TO 2	
		FATE ORIDA	
Note	ctive date, if other than the date of filing: effective date is listed, the date must be specific and estudo be prior to date of filing or more than 90 days after if the date inserted in this block does not meet the applicable statutory filing requirements, the timent's effective date on the Department of State's records.	ional) r fifing.) Pussiant to 605.0207 (3)(b) is date will not be listed as the	
If the r (b) Th	record specifies a delayed effective date, but not an effective time, at 12:01 he 90th day after the record is filed.	a.m. on the earlier of:	
Date	ed Mny 26 2015		
	Clar Calle		
	Signature of a member or authorized representative of a member		
	Alex Cohen		
	Typod or printed name of signer		

Page 3 of 3

Filing Fee: \$25.00