

L15000018599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

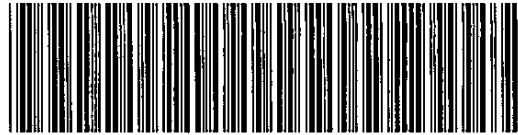
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 26 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miami Beach Breezes 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:

Paul B Carre

Name of Person

Miami Beach Breezes LLC

Firm/Company

17707 NW Miami Ct

Address

Miami FL 33169

City/State and Zip Code

PaulBCarre@gmail.com

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

For further information concerning this matter, please call:

Paul B Carre

786 564 8866
at ()

Name of Person

Area Code

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**

Miami Beach Breezes LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on January 30 2015 and assigned
Florida document number LI5000018599.

This amendment is submitted to amend the following:

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

Name Remains the Same Miami Beach Breezes 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:

17707 NW Miami Ct

(Principal office address MUST BE A STREET ADDRESS)

Miami FL 33169

Enter new mailing address, if applicable:

17707 NW Miami Ct

(Mailing address MAY BE A POST OFFICE BOX)

Miami FL 33169

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:

Paul B Carre

New Registered Office Address:

17707 NW Miami Ct

Enter Florida street address

Miami

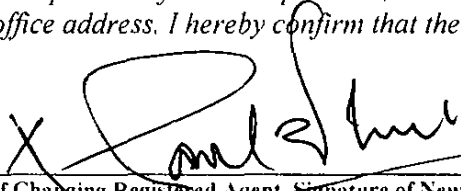
City

Florida 33169

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

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>
Mgr	Robert Rosenwasser	610 NE 168 St	<input type="checkbox"/> Add
		N Miami Beach FL 33162	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Yseult Jean-Louis	17707 NW Miami Ct	<input checked="" type="checkbox"/> Add
		Miami FL 33169	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ ^{Filing Date} (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 August 21, 2015

August 21, 2015

X  Saul L. Hine

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Paul B Carre

Robert Rosenwasser

Typed or printed name of signee