# L15000024866

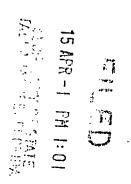
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# KRINZMAN HUSS O LUBETSKY

## Attorneys at Law

800 BRICKELL AVENUE SUITE 1501 MIAMI, FLORIDA 33131 TELEPHONE 305.854.9700 FACSIMILE 305.854.0508

PLEASE REPLY TO: MIAMI

110 SOUTHEAST 6TH STREET 20TH FLOOR FORT LAUDERDALE, FL 33301 TELEPHONE 954,761,3454 FACSIMILE 954,761,3484

March 31, 2015

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32314

Re: Documents Number: L15000024866

Entity Name: Westside Estate Agency Florida LLC

Federal Express Tracking Number:

Dear Sir/Madam:

Enclosed please find our trust account check numbered 1673, in the amount of \$55.00, representing the amendment filing fee of \$25.00, and \$30.00 for a certified copy. Please return the certified copy in the enclosed self-addressed stamped envelope.

If you have any further questions regarding this matter, please call me at 305-854-9700, extension 216.

Your prompt attention to this matter will be appreciated.

Sincerely

KRINZMÁN, HUSS & LUBETSKY

Susana B. Perez/L**egg**i Assistant

/sbp Enclosures

### **COVER LETTER**

TO: Rep Div	gistration Sec vision of Corp	ction porations		돌 <b>대</b>
SUBJECT:	Westside	Estate Agency Florida	LLC	US APR
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	-1 PH 1:01
Please return	all correspon	ndence concerning this matter	to the following:	2m <del>-</del>
		Richard N. Krinzmar	n, Esq.	
			Name of Person	
		Krinzman, Huss & Li	ubetsky	
			Firm/Company	<del></del>
		800 Brickell Avenue	, Suite 1501	
			Address	
		Miami, Florida 3313	1	
			City/State and Zip Code	<del></del>
		rnk@khllaw.com		
		E-mail address: (	to be used for future annual report notific	cation)
For further i	nformation co	ncerning this matter, please ca	all:	
Susana 8	3. Perez, L	egal Assistant	305 854-9700,	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
□ \$25.00 F	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

Westside Estate Agency Florid		
(Name of the Limited L (A F	iability Company as it now appears on our records.) Torida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L15000024866	lity Company were filed on	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with the word	ds "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	· —	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u>-</u>	, Florida	
	City	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

$\mathbf{AMBR} = \mathbf{A}$		Allega	70
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Cyril Bijaoui	2100 Ponce de Leon Boulevard, #750,	Add
		Coral Gables, Florida 33134	Remove
AMBR	Annick Liot	2100 Ponce de Leon Boulevard, #750,	■ Add
		Coral Gables, Florida 33134	□ Remove
AMBR	Cybal, Inc.		
		2100 Ponce de Leon Boulevard, #750,	■ Remove
		Coral Gables, Florida 33134	
MBR	Cybal, Inc.	2100 Ponce de Leon Boulevard, #750,	■ Add
		Coral Gables, Florida 33131	□ Remove
			□ Add
			□ Remove
			_□ Add
			_□ Remove

amending any other information, enter change(s) here: (Attach additional s	riceis, y riceessury.
, ,	
<del>11</del>	
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Tective date, if other than the date of filing:  e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more date this document is filed by the Florida Department of State)	(optional) e than 90 days after
March 30, 2015	
Signature of a member or authorized representative of a n	nember

Page 3 of 3

Filing Fee: \$25.00