

L15000024866

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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KRINZMAN HUSS & 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

15 APR - 1 PM 1:01
ED

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,
KRINZMAN, HUSS & LUBETSKY

Susana B. Perez, Legal Assistant

/sbp
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Westside Estate Agency Florida 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:

Richard N. Krinzman, Esq.

Name of Person

Krinzman, Huss & Lubetsky

Firm/Company

800 Brickell Avenue, Suite 1501

Address

Miami, Florida 33131

City/State and Zip Code

rnk@khllaw.com

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

For further information concerning this matter, please call:

Susana B. Perez, Legal Assistant

at (305) 854-9700, Ext. 216

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
15 APR - 1 PM 1:01
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Westside Estate Agency Florida LLC

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

FILED
15 APR - 1 PM 1:01
TALLAHASSEE, FLORIDA
STATE

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L15000024866.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability 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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, **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:

MGR = Manager

AMBR = Authorized Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Cyril Bijaoui	2100 Ponce de Leon Boulevard, #750,	<input checked="" type="checkbox"/> Add
		Coral Gables, Florida 33134	<input type="checkbox"/> Remove
AMBR	Annick Liot	2100 Ponce de Leon Boulevard, #750,	<input checked="" type="checkbox"/> Add
		Coral Gables, Florida 33134	<input type="checkbox"/> Remove
AMBR	Cybal, Inc.	2100 Ponce de Leon Boulevard, #750,	<input type="checkbox"/> Add
		Coral Gables, Florida 33134	<input checked="" type="checkbox"/> Remove
MBR	Cybal, Inc.	2100 Ponce de Leon Boulevard, #750,	<input checked="" type="checkbox"/> Add
		Coral Gables, Florida 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 30, 2015



Signature of a member or authorized representative of a member

Annick Liot

Typed or printed name of signee