

L15000024866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

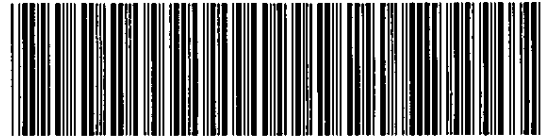
(Business Entity Name)

(Document Number)

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15 MAY 20 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RD  
5/20

## 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:

RICHARD N. KRINZMAN, ESQ. at 305 854-9700, EXT. 202  
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 &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

15 MAY 20 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROPRIATE  
FILED

**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)

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 2, 2015 and assigned  
Florida document number LJ5000024866.

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 contain 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)

APPROVED  
AND  
FILED  
15 MAY 20 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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:

Richard N. Krinzman, Esq.

New Registered Office Address:

800 Brickell Avenue, Suite 1501

Enter Florida street address

Miami

City

Florida 33131

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>
AMBR	CYRIL BIJAOU	2100 PONCE DE LEON BLVD,	<input checked="" type="checkbox"/> Add
		SUITE 750	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
AMBR	ANNICK LIOT	2100 PONCE DE LEON BLVD,	<input type="checkbox"/> Add
		SUITE 750	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
AMBR	CYBAL, INC.	2100 PONCE DE LEON BLVD,	<input type="checkbox"/> Add
		SUITE 750	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
MBR	CYBAL, INC.	2100 PONCE DE LEON BLVD,	<input type="checkbox"/> Add
		SUITE 750	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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 MAY 15th, 2015 1

Signature of a member or authorized representative of a member

CYRIL BIJAOU

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

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SEE FLORIDA

15 MAY 20 AH 10:55

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