## 115000039405

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## **COVER LETTER**

ALEID HEZVE.	FIFTY-FOU	ORTH STREET ENTERPRISE	ES, LLC	
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	f Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	idence concerning this matter	to the following:	
		GARTH B. REEVES		
			Name of Person	
			Firm/Company	
		900 NW 54th Street		
			Address	
		Miami, Florida 33127		
			City/State and Zip Code	
		E-mail address: (t	o be used for future annual report not	ification)
For further i	nformation co	ncerning this matter, please ca	ill:	
Garth B. Re	eves		at (305) 915 Area Code Daytin	-7379
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for the	e following amount:		
\$25.00 1	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:

TO: Registration Section

**Division of Corporations** 

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

The Articles of Organization for this Limited Liability Company were filed on (A Horida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on (D3/03/2015) and assigned Florida document number (L15000039405)

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 "LLC."

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:

## New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage,  $\underline{enter}$  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
AP	JAY R. BESKIN	3109 Stirling Road, Suite 101	
		Fort Lauderdale, FL 33312	≅ Remove
			Change
MGR	GARTH B. REEVES	900 N.W. 54th Street	■ Add
		Miami, FL 33127	☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			_ □ Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			□ Remove
			□ Change

,If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
,	
1100	
(If an et Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	August 28 2018
	$\frac{1}{\sqrt{2}}$
	Signature of a member or authorized representative of a member
	GARTH B. REEVES

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Typed or printed name of signee

Filing Fee: \$25.00