

L15000055334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

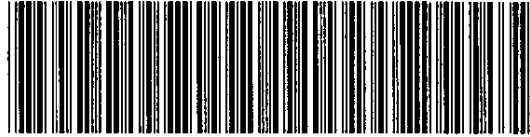
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

124 ST INVESTMENTS, LLC

**SUBJECT:** \_\_\_\_\_  
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:

ROBERT KAHN, ESQ.

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

4522 SHERIDAN AVE

\_\_\_\_\_  
Address

MIAMI BEACH, FL 33140

\_\_\_\_\_  
City/State and Zip Code

robert@goodearthproperty.com

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

For further information concerning this matter, please call:

ROBERT BAILEY

954 295-1405

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

**AMENDMENT TO  
ARTICLES OF ORGANIZATION  
OF**

124 ST INVESTMENTS, 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 3/27/2015 and assigned  
Florida document number L15000055334

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)

14829 NW 7 AVE.

MIAMI, FL 33168

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14829 NW 7 AVE.

MIAMI, FL 33168

**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:

ROBERT BAILEY

New Registered Office Address:

14829 NW 7 AVE.

*Enter Florida street address.*

MIAMI

Florida

33168

*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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>   | <u>Address</u>        | <u>Type of Action</u>                      |
|--------------|---------------|-----------------------|--|
| AP           | ROBERT KAHN   | 4522 SHERIDAN AVE     | <input type="checkbox"/> Add               |
|              |               | MIAMI BEACH, FL 33140 | <input checked="" type="checkbox"/> Remove |
|              |               |                       | <input type="checkbox"/> Change            |
| MGR          | ROBERT BAILEY | 14829 NW 7 AVE        | <input checked="" type="checkbox"/> Add    |
|              |               | MIAMI, FL 33168       | <input type="checkbox"/> Remove            |
|              |               |                       | <input type="checkbox"/> Change            |
| MGR          | BRETT BAILEY  | 14829 NW 7 AVE        | <input checked="" type="checkbox"/> Add    |
|              |               | MIAMI, FL 33168       | <input type="checkbox"/> Remove            |
|              |               |                       | <input type="checkbox"/> Change            |
|              |               |                       | <input type="checkbox"/> Add               |
|              |               |                       | <input type="checkbox"/> Remove            |
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