L150000 80771

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:	Registration Sec Division of Corp					
CIID IE	Laurenzo 1	1031, LLC				
SUBJE	C1:	Name of Lim	ited Liability Company			
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please re	eturn all correspor	ndence concerning this matter	to the following:			
		Harold Chopp, Esq.				
			Name of Person	 		
		Harold Chopp, P.A.				
			Firm/Company	 		
		P.O.Box 402403				
			Address			
		Miami Beach, FL 3314	0			
		City/State and Zip Code hchopp@choppgroup.com				
		E-mail address: (to be used for future annual report notif	ication)		
For furt	her information co	ncerning this matter, please ca	all:			
Harold	Chopp		305 812-1894			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclose	d is a check for th	e following amount:				
□ \$25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Fig. \$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

Laurenzo 1031,LLC				
(Name of the Limite	d Liability Compa A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Lize Florida document number L15000080771	ability Company	were filed on 5/6/	2015	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	oility company her	<u>e</u> :	
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the des	signation "LLC" or the abb	reviation "L.L.C."
Euter new principal offices address, if applica	ble:	16386 W. Dixie	Hwy	
(Principal office address MUST BE A STREET ADDRI		North Miami Beach, FL 33160		
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE E</u>	BOX)			
B. If amending the registered agent and/or the new registered off			our records, <u>enter t</u>	he name of the
Name of New Registered Agent:	Javier Talam	o,Esq.		
New Registered Office Address:	7600 W. 20th	Avenue #213		
		Enter Florid	la street address	
	Hialeah		, Florida <u></u>	116
		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 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>	Type of Action
MGR	The Private ExchangeGroup, Inc	1451 W. Cypress Creek Rd., #300	
		Ft. Lauderdale, FL 33309	■ Remove
			□ Change
MGR BenE. Laurenzo	BenE. Laurenzo	16385 W. Dixie Highway	= Add
		North Miami Beach, FL	□ Remove
			☐ Change
			□ Add
		□ Remove	
			T Change
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			Add
			□ Remove
			Change
		 	
			Change

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(If an ef Note:	ive 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 90th day after the record is filed.
Dated	January 4 TH 2016
Daicu	Ben & Laurenzo
	Ken (Langer
	Ben & Laurence Signature of a member or authorized representative of a member

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Filing Fee: \$25.00