

L15000086247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

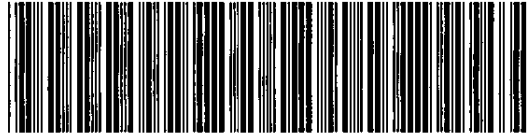
(Business Entity Name)

(Document Number)

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OCT 02 2015

Y SULKER



# DOROT & BENSIMON PL ATTORNEYS AT LAW

ESTATE PLANNING • INTERNATIONAL & DOMESTIC TAX • ASSET PROTECTION • TAX CONTROVERSY • PROBATE

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2775 Sunny Isles Blvd., Suite 118

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September 25, 2015

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Article Amendments

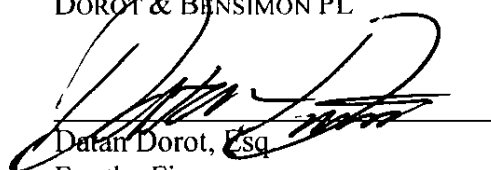
Dear Sir or Madam,

Enclosed is a check in the amount of \$325.00 for the article amendments of the following 13 LLC's.

1. Deva 13000 LLC
2. DSCJ And Associates, LLC
3. Paloma 104 LLC
4. Paloma 144 LLC
5. 154 Street LLC
6. Summit 48, LLC
7. Florida Eastern Development Holdings, LLC
8. 11A Yacht Harbour LLC
9. 15G Yacht Harbour LLC
10. Equus Ventures LLC
11. 33 Promontory Ridge, LLC
12. 30 Trappers Cabins, LLC
13. Accountant Department Services LLC

If you have any questions Thank you for your assistance in this matter.

Sincerely,  
DOROT & BENSIMON PL



Dafar Dorot, Esq.  
For the Firm

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ACCOUNTANT DEPARTMENT SERVICES 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:

DATAN Z. DOROT

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

DOROT & BENSIMON PL

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

2775 SUNNY ISLES BLVD., SUITE 118

\_\_\_\_\_  
Address

NORTH MIAMI BEACH, FL 33160

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

ddorot@dorotbensimon.com

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

For further information concerning this matter, please call:

DATAN Z. DOROT

305 921-9421  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input 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

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

ACCOUNTANT DEPARTMENT SERVICES 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 5/15/2015 and assigned  
Florida document number L15000086247.

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)

**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:

DORBEN CORPORATE SERVICES, LLC

New Registered Office Address:

2775 SUNNY ISLES BLVD., SUITE 118

*Enter Florida street address*

NORTH MIAMI BEACH

Florida 33160

*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.*

  
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>
MGR	LAKHCHAF, MALIKA	5825 SUNSET DRIVE, # 207	<input type="checkbox"/> Add
		SOUTH MIAMI, FL 33143	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LAI, JING JING	242 E 10TH ST, # 10	<input checked="" type="checkbox"/> Add
		NEW YORK, NY 10003	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

15 SEP 30 AM 11:01  
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TALLAHASSEE, FLORIDA

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15 SEP 30 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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)

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

Signature of a member or authorized representative of a member

DATAN Z. DOROT, ESQ.

Typed or printed name of signee