

L15000105847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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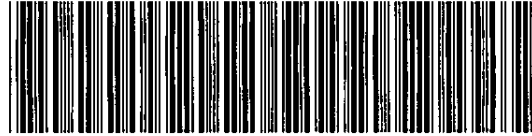
(Business Entity Name)

(Document Number)

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2015 JUL 17 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUL 20 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C capital 125th Street, 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:

Rob Perry

Name of Person

C capital 125th Street, LLC

Firm/Company

3100 NW 72nd Ave, Suite 113

Address

Miami, FL 33122

City/State and Zip Code

Rob.Perry.cov@gmail.com

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

For further information concerning this matter, please call:

Rob Perry

Name of Person

at (305)

Area Code

637-3699

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

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

FILED

2015 JUL 17 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C Capital 125th Street, 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 JUL 19, 2015 and assigned Florida document number L15000105847.

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:

Rob Perry

New Registered Office Address:

3100 NW 72nd Ave, Suite 113

Enter Florida street address

Miami

City

Florida

33122

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.

Rob Perry

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>
<u>D</u>	<u>Matthew J Cicero</u>	<u>3100 NW 72nd Ave, Suite 113</u> <u>Miami, FL 33122</u>	☐ Add
			☒ Remove
			☐ Change
<u>D</u>	<u>Gol Kivetz</u>	<u>3100 NW 72nd Ave, Suite 113</u> <u>Miami, FL 33122</u>	☐ Add
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- D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the top left, there are some faint, illegible markings that appear to be part of a header or form. The rest of the page is blank except for the lines.

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 July 14, 2015.


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Rob Perry

Typed or printed name of signee

2015 JUL 17 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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