1500113313

	(Requestor's Name)	
1	(Address)	· · · · · · · · · · · · · · · · · · ·
1	(Address)	
	(City/State/Zip/Phone #)	
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MA (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
,		
i		
		<u>.</u>

Office Use Only



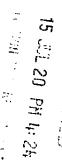
500274419435

07/21/15--01001--017 **25.00

FILED

15 JUL 20 PM 4 38

SECRETARY OF STATE
AND SEE, FLORIDA



JUL 20 2015 S. YOUNG

COVER LETTER

TO: Registration Sec Division of Corp		ĕ ′			
SUBJECT:	Name of Limi	thal Family Ent	erprise	ردر	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.			
Please return all correspon	dence concerning this matter t	to the following:			
	Patric	CK Lowenthal Name of Person			
	Lowenthal	Family Enter	prises	مساري سنت	
	901 Mala) Hadross		ALLAINS	=
	(oral bal	City/State and Zip Code		20 PN 4: 3: ARY OF STATE (SSEE, FLORID	ED
	E-mail address: (1	thal @gmail.com	1 ition)	: 38 REA	
For further information co	ncerning this matter, please ca	ill:			
Patrick Name of	Lowen-thal Person	at (305) 215-2 Area Code Daytime T	(99 elephone Number		
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

Lowenthal Far (Name of the Limited Liability (A Florida	Company as it now app Limited Liability Company	ears on our records.)	<u>e </u>
	ompany were filed on		o (5 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company	<u>here</u> :	
Lowenthal Family Enter The new name must be distinguishable and contain the words "Limit	erprises, L	LC ne designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDR	ESS)		量量五
			20 E
Enter new mailing address, if applicable:			7.5 =
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		on our records, en	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter l	Florida street address	
		, Florida	1
	ame, enter the new name of the limited liability company here: hal Family Enterprises LLC e distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." pal offices address, if applicable: address MUST BE A STREET ADDRESS) g address, if applicable: MAY BE A POST OFFICE BOX) the registered agent and/or registered office address on our records, enter the name of the new and/or the new registered office address here: New Registered Agent:		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>	Address	Type of Action
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			Remove Change
			A&&
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change

				· 				
	·		<u></u>					
 								
						- .		
				·				
								
		· <u>-</u> -		<u>.</u>				
			1.5730 .		•			
					i			
		·						
						三名	22	
						独角	عال	7
			<u> </u>			- 第	20	1
						700	3	C
			··		-			
				,		Sir	38	
effective date is listed te: If the date insert	er than the date of f , the date must be specified ed in this block does rate on the Department	ic and cannot be prion not meet the appli	cable statutory fi	more than 90 days	optional) after filing this date	.) Pursuan	t to 605 be liste	.020 ed a
	a delayed effectiver the record is file		ot an effective	e time, at 12:	01 a.m.	on the	earlie	er c
ed								
			· ·					

Page 3 of 3

Filing Fee: \$25.00