L15000/33223

(Re	questor's Name)	
(Ad	dress)	
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. (Cit	y/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
		
(7)		
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
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Office Use Only



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NOV - 9 2015 N. CAUSSEAUX

COVER LETTER

TO:	Registra Division	ation Section of Corporations	21	•
SUBJEC		1115 ile		
SUBJEC	-1; <u> </u>	Name of Limited Liability Company		
The encl	osed Arti	cicles of Amendment and fee(s) are submitted for filing.		
Please re	eturn all c	correspondence concerning this matter to the following:		
		SHIKO GELB		
		Name of Person		
			•	
		Firm/Company		
		3075 W OAKLAND PARK BLVD		
		Address	<i>,</i>	
		Oakland park, 33311		
		City/State and Zip Code	<i>,</i>	
		mgmt.mim@gmail.com		
For furth	er inform	E-mail address: (to be used for future annual report notification) nation concerning this matter, please call:		
SHIKO		954 7948354		
		Name of Person		
Enclosed	l is a chec	ck for the following amount:		
	00 Filing	Fee \$\Bigcup \$30.00 \text{ Filing Fee & } \Bigcup \$55.00 \text{ Filing Fee & } \Bigcup \$60.00 \text{ Filed Copy } \text{ Certifical Copy is enclosed)} \text{ Certified Copy is enclosed}	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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 1, 2015

SHIKO GELB 3075 W. OAKLAND PARK BLVD. OAKLAND PARK, FL 33311

SUBJECT: AMI15 LLC

Ref. Number: L15000133223

We have received your document for AMI15 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 815A00020810

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 27, 2015

SHIKO GELB **2nd MAILING** 3075 W. OAKLAND PARK BLVD. #200 OAKLAND PARK, FL 33311

SUBJECT: AMI15 LLC

Ref. Number: L15000133223

We have received your document for AMI15 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 815A00020810

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

ARTICLES OF AMENDMENT TO MARTICLES OF ORGANIZATION

AMII5 LLC			
•	nited Liability Company as it : (A Florida Limited Liability	ovy appears on our reer Company)	ords.)
Articles of Organization for this Limited ida document number L15000133223			And assigned
amendment is submitted to amend the fo	llowing:		
f amending name, enter the new name	of the limited liability cor	npany here:	
ew name must be distinguishable and contain the	words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation "L.L.C."
er new principal offices address, if appl	icable:	a property of the second second	<u> </u>
ncipal office address MUST BE A STRE	ET ADDRESS)		FE 3
			=======================================
			388 XXX
r new mailing address, if applicable:			mg z
iling address MAY BE A POST OFFIC <mark>I</mark>	3 BOX)		95
	· ·		LORIDE
If amending the registered agent and tered agent and/or the new registered of	d/or registered office ad		ds, enter the name of the
If amending the registered agent and tered agent and/or the new registered of New Registered Agent:	l/or registered office ad office address here;	ANAGEMENT LLC	
If amending the registered agent and tered agent and/or the new registered of	l/or registered office ad office address here: SNS REAL ESTATE M	ANAGEMENT LLC	L15-137311
If amending the registered agent and tered agent and/or the new registered of New Registered Agent:	l/or registered office ad office address here: SNS REAL ESTATE M	ANAGEMENT LLC RK BLVD #200 Entur Floridu street addr	L15-137311
If amending the registered agent and tered agent and/or the new registered of New Registered Agent:	d/or registered office adoffice address here: SNS REAL ESTATE M 3075 W OAKLAND PA	ANAGEMENT LLC RK BLVD #200 Entur Floridu street addr	L15-137311
If amending the registered agent and tered agent and/or the new registered of New Registered Agent:	d/or registered office adoffice address here: SNS REAL ESTATE M 3075 W OAKLAND PA	ANAGEMENT LLC RK BLVD #200 Entur Floridu street addr	L15-13731

If anending 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
MGR	M.I.M real estate management	po box 4175	Add
		FORT LAUDERDALE, FL 33338	■ Remove
			Change
MGR	SNS real estate management	PO BOX 4175	⊒ Add
		FORT LAUDERDALE, FL 33338	Remove
			□ Change
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ctive date, if other than the d effective date is listed, the date must	late of filing:be specific and cannot be	prior to date of f	iling or more than	(option 90 days after fi	181) ling.) Pursuant to 605.02
e: If the date inserted in this blocument's effective date on the Dep	ck does not meet the a	pplicable statut	ory filing requir	ements, this o	late will not be listed
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record specifies a delayed	effective date, bu	t not an effe	ective time, a	t 12:01 a.	m. on the earlier
he 90th day after the reco	rd is filed.				
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Page 3 of 3

Filing Fee: \$25.00