

L15000154429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

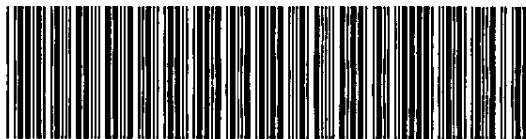
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 12 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2015

LORETT ESPINOZA
20815 NE 16 AVENUE, SUITE B-17
MIAMI, FL 33179

SUBJECT: SUPERCOW, LLC
Ref. Number: L15000154429

We have received your document for SUPERCOW, 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 document must be signed by a member or an authorized representative of a member.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 215A00022412

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUPERCOW, 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:

LORETT ESPINOZA

Name of Person

PROPERTY INVESTMENT ADVISORS GROUP, LLC

Firm/Company

20815 NE 16 AVE., SUITE B-17

Address

MIAMI, FL 33179

City/State and Zip Code

piaoffers@piagroupusa.com

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

For further information concerning this matter, please call:

LORETT ESPINOZA 305 770-4440 EXT. 104
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SUPERCOW, 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 SEPT. 9, 2015 and assigned
Florida document number L 15000154429

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

2250 WAREHOUSE, LLC

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:

New Registered Office Address:

Enter Florida street address

Florida

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

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TALLAHASSEE
FLORIDA

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>
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MGR	JIMMY LEVY	20815 NE 16 AVE., SUITE B-15	<input type="checkbox"/> Add
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		MIAMI, FL 33179	<input checked="" type="checkbox"/> Remove
--	--	-----------------	--

			<input type="checkbox"/> Change
--	--	--	---------------------------------

MGR	Clara Bromberg	20815 NE 16 Ave, Suite B-15	<input checked="" type="checkbox"/> Add
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		Miami, FL 33179	<input type="checkbox"/> Remove
--	--	-----------------	---------------------------------

			<input type="checkbox"/> Change
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MGR	SHas Investments LLC	20815 NE 16 Ave., Suite B-15	<input checked="" type="checkbox"/> Add
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		Miami, FL 33179	<input type="checkbox"/> Remove
--	--	-----------------	---------------------------------

			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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.

(b) The 90th day after the record is filed.

Dated: _____

Area

Signature of a member or authorized representative of a member

Typed or printed name of signer

Page 3 of 3.

Filing Fee: \$25.00

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