

L15000164497
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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H180002313223ABCW

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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.
 Account Number : 120010000025
 Phone : (786) 899-2235
 Fax Number : (305) 935-9042

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 AVENTURA OFFICE PARTNERS, LLC**

Certificate of Status	0
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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

Aug. 8. 2018 2:38PM

COVER LETTER **H180002313223** No. 1173 P. 2/5

TO: Registration Section
Division of Corporations

SUBJECT: Aventura Office Partners, 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:

Melissa Sosa, LTA Paralegal

Name of Person

Leopold Korn, P.A.

Firm/Company

20801 Biscayne Blvd., Suite 501

Address

Aventura, FL 33180

City/State and Zip Code

msosa@leopoldkorn.com

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

For further information concerning this matter, please call:

Melissa Sosa

786

899-2232

at ()

Name of Person

Area Code

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

Aventura Office Partners, 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 9/28/2015 and assigned
Florida document number L15000164497.

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:

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

H180002313223

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In announcing 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	Isaac Mendal	PO BOX 801540	<input type="checkbox"/> Add
		Aventura, FL 33280	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Leo Ghitis	P.O. Box 801540	<input checked="" type="checkbox"/> Add
		Aventura, FL 33280	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18
AUG - 8 AM 8:34
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

H180002313223

No. 1173 P. 5/5

18 AUG - 8 AM 8:34
SECRETARY OF STATE
WASHINGTON, D.C.

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18 AUG -8 AM 8:34
SECRETARIAT 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:

Dated August 8, 2018

Signature of a member or authorized representative of a member

Robert Lechter, Manager

Typed or printed name of signer

Filing Fee: \$25.00

H180002313223