

L15000169979

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Of Counsel
Giovani Mesa

November 15, 2018

VIA FEDEX

Department of State
Division of Corporations
Corporate Filings
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Amendments to Articles of Organization
Our file number: 2467

Dear Sir or Madam:

Enclosed please find various Articles of Amendment to the Articles of Organization to be filed with the Division of Corporations, (the "Division"), for the following limited liability companies:

1. MD 123, LLC – document number L17000080012
2. MD Miami Holdings, LLC – document number L16000117454
3. 1027 NW 4 ST, LLC. – document number L16000112740
4. 2223 NW 3 ST, LLC – document number L13000166524
5. 2311 SW 24 ST, LLC – document number L11000107047
6. BY THE RIVER PROPERTIES, LLC - document number L09000103647
7. GEM PROPERTY INVESTMENTS, LLC – document number L05000101163
8. EPIC UNIT 509, LLC – document number L08000095310
9. PHOENIX ELEVEN PROPERTIES, LLC – document number L1500002443
10. 1035 ON THE RIVER, LLC – document number L17000079971
11. CRIMAR, LLC – document number L11000007626
12. MCS MIAMI HOLDINGS, LLC – document number L11000023466
13. CASA CUATRO, LLC – document number L17000135088
14. 945-949 BY THE RIVER, LLC – document number L15000169979

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Division of Corporations
Articles of Amendment
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Also enclosed are Articles of Amendment to the Articles of Incorporation of MCS Property Management, Inc., document number P15000006530.

Enclosed please find check number 1598 in the amount of \$385.00 for the Division's filing fees. Thirty-five dollars is for the Amendment to Articles of Incorporation of MCS Property Management, Inc. and three hundred and fifty dollars (\$350) is for the 14 articles of amendment to the Articles of Organization for the fourteen (14) limited liability companies listed above.

1. \$125 for the Articles of Organization for 1035 BY THE RIVER, LLC.
2. \$25 for Articles of Amendment for 1310 EUCLID PROPERTY, LLC
3. \$25 for Articles of Amendment for 945 PROPERTY INVESTMENTS, LLC.

Please contact me at the phone number listed above if you have any questions or need additional information.

Yours truly,

A handwritten signature in black ink, reading "Ilene L. Michelson". The signature is written in a cursive, flowing style with a large initial "I" and "M".

Ilene L. Michelson, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 945-949 BY THE RIVER, 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:

Hlene L. Michelson, Esq.

Name of Person

Law Office of Stuart R. Michelson, P.A.

Firm/Company

800 SE Third Avenue, Fourth Floor

Address

Fort Lauderdale, Florida 33316

City/State and Zip Code

ilenemichelson@aol.com

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

For further information concerning this matter, please call:

Hlene Michelson

954 463-6100
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**

945-949 BY THE RIVER, 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 10/06/2015 and assigned
Florida document number L15000169979.

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)

Suite 2-164

2520 Coral Way

Miami, Florida 33145

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Suite 2-164

2520 Coral Way

Miami, Florida 33145

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

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>
CoMgr	Marco Dessimone	2520 Coral Way	<input type="checkbox"/> Add
		Suite 2-164	<input checked="" type="checkbox"/> Remove
		Miami, FL 33145	<input type="checkbox"/> Change
MGR	Martha Christine Schubert	Unit 2-164	<input type="checkbox"/> Add
		2520 Coral Way	<input type="checkbox"/> Remove
		Miami, FL 33145	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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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 11/13/2018

Signature of a member or authorized representative of a member

Martha Christine Schubert

Typed or printed name of signee