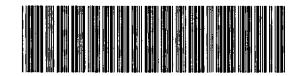
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(Requ	iestor's Name)	
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Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



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February 12, 2016

CRISTINA DE OLIVEIRA, ESQ 2332 GALIANO STREET 2ND FLOOR STE 103 CORAL GABLES, FL 33134

SUBJECT: 8125 NW 54TH AVENUE LLC

Ref. Number: L15000173433

We have received your document for 8125 NW 54TH AVENUE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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: 116A00003040

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

Div	ision of Corp	orations		
SUBJECT:	8125 NW 54	TH AVENUE, LLC		
SUBJECT.		Name of Limi	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		CRISTINA DE OLIVEIRA	A	
			Name of Person	
		THE LAW OFFICE OF C	RISTINA DE OLIVEIRA, P.A.	
			Firm/Company	
	2332 GALIANO STREET, 2ND FLOOR, SUITE 103			
			Address	
		CORAL GABLES, FL 331	34	
			City/State and Zip Code	
		cdeoliveira@lawcdo.com	to be used for future annual report notifi	<del></del>
			•	cation)
For further in	nformation co	ncerning this matter, please ca	all:	
Cristina De (	Oliveira		305 461-1660 at ( )	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling 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

TO:

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

8125 NW 54TH AVENUE, LLC

company has been notified in writing of this change.

	<del></del>	
(Name of the Limited	Liability Company as it now appears on our	manarde )
CHARRE OF THE FURTHER	LIMBILLY COLLIDAILY AS IL HOW ADDICALS OF OUR	1 CCUI US. /
( <u> </u>		
/ A	Florida Limited Liability Company)	

The Articles of Organization for this Limited Liability Company	were filed on 10/12/2015	and assigned
Florida document number L15000173433		
This amendment is submitted to amend the following:		,
A. If amending name, enter the new name of the limited liab	ility company here:	
8125 NW 54TH STREET, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	on the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
		5
B. If amending the registered agent and/or registered of	ffice address on our records,	enter the name of the nev
registered agent and/or the new registered office address her	<u>e</u> :	26 Ssh
		## <b>2</b>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	- 5,
	, Flor	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree	ee to act in this capacity. I furti	her 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 a	provided for in Chapter 605 F	S Or if this document is

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or remove	<u>ea irom ou</u>	<u>r recoras:</u>
1		
	•	•
MGR =	Manager	
	_	d Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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te:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
cum	ent's effective date on the Department of State's records.
red	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
Γhe	90th day after the record is filed.
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	2/22/16
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00