215000176014

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
· · · · · · · · · · · · · · · · · · ·	
Special Instruction	s to Filing Officer:
ŀ	
<u> </u>	

Office Use Only



000283054640

03/21/16--01031--002 **25.00

2016 MAR 21 PH 1:55

K.SALY EXAMINER MAR 23

COVER LETTER

	egistration Security			
CUDIFCY	HALLAND	ALE SHOPS, LLC		
SOBJECT	• •		ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Mr. Philip Saada		
			Name of Person	
		Hallandale Shops. LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		3732 NE 199 Street		
			Address	
		Aventura, Florida 33180		
			City/State and Zip Code	
		philsaada@gmail.com		
		E-mail address: (t	to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	all:	
Philip Saad	la		954 658-2151 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for th	e 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

2016 MAR 21 PM 1:56

TALLAHAMOY OF STATE
PER PERRIP.

HALLANDALE SHOPS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(1110114	a Emilion Blabinity Company)	E HISID,
The Articles of Organization for this Limited Liability (Florida document number L15000176014		
Piorida document number	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ilted liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)	
	······································	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floridu street address	
	, Flor	rida
 -	City	rida Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent	and agree to act in this capacity. I furt	ther agree to comply with the

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>	Address	Type of Action
AMBR	Pamela Saada	3732 NE 199 St. Aventura, FL 331	■ Add
			Remove
			☐ Change
	***************************************		Add
			☐ Remove
			Gehange Add
	u 		Add Remove
			E Change
			□ Add
			Remove
			□ Change
	· · · · · · · · · · · · · · · · · · ·		Add
			□ Remove
		**************************************	Change
			□ Remove
			☐ Change

				7
			 	18 mg 2 2
				- 35 () May 3
	· <u></u> ·			
			4.0	
				<u> </u>
			4,	
				
				
				······································
Effective date, if othe f an effective date is listed, Note: If the date inserted document's effective date.	the date must be specific ed in this block does no	and cannot be prior to date of meet the applicable sta	of filing or more than 90 days	optional) safter filing.) Pursuant to 605.020 s, this date will not be listed a
ne record specifies The 90th day afte			ffective time, at 12:	01 a.m. on the earlier
Dated		_,·		
		7		
	Signatur	if a member or authorized re	presentative of a member	
		_		

Page 3 of 3

Filing Fee: \$25.00