

LIS000206099

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(Address)

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(Business Entity Name)

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2016 JAN -5 PM 4:11

CLERK OF STATE
TALLAHASSEE, FLORIDA

14. Culligan JAN -5 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1767 NW 3RD AVE APT 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:

Joel Piotrkowski

Name of Person

Green & Piotrkowski, PLLC

Firm/Company

317 - 71st Street

Address

Miami Beach, FL 33141

City/State and Zip Code

joel@gkppa.com

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

For further information concerning this matter, please call:

Joel Piotrkowski

305

8654311

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



RECEIVED

2016 JAN -5 AM 11:21

FLORIDA DEPARTMENT OF STATE

Division of Corporations

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

December 28, 2015

JOEL PIOTRKOWSKI
GREEN & PIOTRKOWSKI, PLLC
317-71ST STREET
MIAMI BEACH, FL 33141

SUBJECT: 1767 NW 3RD AVE APTS LLC
Ref. Number: L15000206099

We have received your document for 1767 NW 3RD AVE APTS 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 number does not match the name please verify.

See Attached

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 115A00026993

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2016 JAN -5 PM 4: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1767 NW 3RD AVE APTS 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 12/15/2015 and assigned
Florida document number L15000206099.

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

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>
SECRETARY	LOWELL CRAWFORD	1767 N.W. 3RD AVE.	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33136	<input 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"/> Remove
			<input type="checkbox"/> Change

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

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2016 JAN -5 PM 4: 11

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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

12/22/15

Signature of a member or authorized representative of a member

Martin FLoman

Typed or printed name of signer