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(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section Division of Corporations

MAILING ADDRESS:

Division of Corporations

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: TJ Miami Design, 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:
Jack Abutbol Name of Person
TJ Miami Design, LLC
1790 SW 30th Ave
Hallandale Brach, Fl 33009
City/State and Zip Code
For further information concerning this matter, please call:
Name of Person at (818), 625-1890 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

STREET/COURIER ADDRESS:

2661 Executive Center Circle Tallahassee, FL 32301

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	· •				
(Name of the Limited Liability Compa (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company Florida document number LIQOOO 4409 This amendment is submitted to amend the following:	Liability Company)	1 1 6/	LC 12016	17 JUL 28 PM 1: 32	FILED
				<i>0</i> *	
A. If amending name, enter the new name of the limited liab	ility company he	e <u>re</u> :			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	esignation "LL	.C" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:	1790	SW.	304	Ave	= 200
(Principal office address MUST BE A STREET ADDRESS)	Hallan	naalc	beac	n tl,	3300
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1790 Hallar	sw Vale	30th beach	Ave FL, 3	<u>3</u> 000
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		our recor	ds, <u>enter th</u>	e name of th	e new
New Registered Office Address:	F-4 F1				
	Enter r tor	rida street addr	ess		
		, F	Florida		
	Ciţv			Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	1				
I hereby accept the appointment as registered agent and agr	ree to act in this c	capacity. I f	further agree	to comply wi	th the
		,		7.7.	

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

	Authorized Person(s) authorized to mai	nage, enter the title, name, and address of each person being added
MGR = Ma AMBR = Au	nager thorized Member	
<u>Title</u> <u>AMBR</u>	<u>Name</u> Deborah Darman	Address 3400 NE 192nd Street Type of Action # 1608 Aventura, FL 33180 Add
		Remove
AMBR	Alex Davidi	1790 SW 30 th Ave Hallandale beach F1, 33009 And
		Remove
		Change
		Remove
		Change 17 L 2860ve PH OF Discrete Change 1000000000000000000000000000000000000
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	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_
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If an effective Note: If the	date, if other than the date of filing:	605.0207 (3 isted as th
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear oth day after the record is filed.	rlier of:
Dated	July 38 2017	
-	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00