

L16000014681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

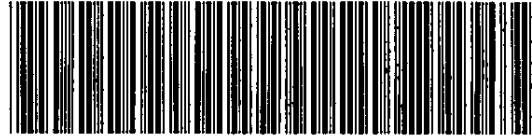
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

APR 26 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALOHA 50, 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:

DATAN Z. DOROT, ESQ.

Name of Person

DOROT & BENSIMON PL

Firm/Company

2775 SUNNY ISLES BLVD., SUITE 118

Address

NORTH MIAMI BEACH, FL 33160

City/State and Zip Code

INFO@DOROTBENSIMON.COM

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

For further information concerning this matter, please call:

DATAN DOROT

305 921-9421
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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**

ALOHA 50, 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 JANUARY 21, 2016 and assigned Florida document number L16000014681.

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:

5825 SUNSET DRIVE

(Principal office address MUST BE A STREET ADDRESS)

SUITE 209

SOUTH MIAMI, FL 33143

Enter new mailing address, if applicable:

5825 SUNSET DRIVE

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 209

SOUTH MIAMI, FL 33143

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

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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>
MGR	ACCOUNTANT DEPARTMENT	5825 SUNSET DRIVE	<input checked="" type="checkbox"/> Add
	<i>SERVICES, LLC</i>	STE 209	<input type="checkbox"/> Remove
		SOUTH MIAMI, FL 33143	<input type="checkbox"/> Change
MGR	EDOUARD LIBESSART	5825 SW SUNSET DRIVE	<input type="checkbox"/> Add
		STE 207	<input checked="" type="checkbox"/> Remove
		SOUTH MIAMI, FL 33143	<input type="checkbox"/> Change
MGR	JING JING LAI	242 E 10TH ST #10	<input type="checkbox"/> Add
		NEW YORK, NY 10003	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

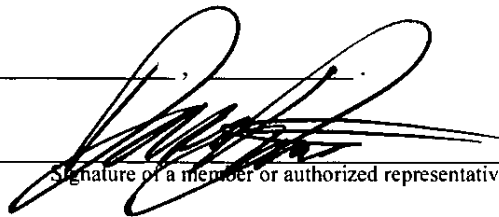
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 APRIL 20, 2016



Signature of a member or authorized representative of a member

DATAN Z. DOROT, ESQ.

Typed or printed name of signee

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TALLAHASSEE FLORIDA