# LIL 0000 37927

(Re	questor's Name	)
(Ad	dress)	
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(Cit	ry/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	ime)
(Do	cument Number	<del>(</del> )
Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer:	
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AND HELESSEE THOSES

D. SCOTT 0CT 1 1 2016



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 23, 2016

ADAM R. SELIGMAN, ESQ. 4420 BEACON CIR WEST PALM BEACH, FL 33407

SUBJECT: 6142 WESTFALL ROAD LLC

Ref. Number: L16000037927

We have received your document for 6142 WESTFALL ROAD 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

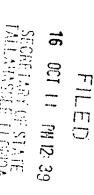
The registered agent must sign accepting the designation.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 916A00020549



### **COVER LETTER**

TO: Registration Section Division of Corp	tion orations			
SUBJECT: 6142	2 WESTFALL ROAD LL	.C		
SUBJECT.	Name of Lim	ited Liability Company		
	i			
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:		
		Adam R. Seligman	, Esq.	
		Name of Person		
		Firm/Company		
		Address		
	We	est Palm Beach, FL 33	407	
		City/State and Zip Code		5× -
		Seligman@warddam		
	E-mail address: (	to be used for future annual	report notification)	
For further information co	ncerning this matter, please c	ali:		
Adam R. Seligm	an, Esq.	at ( 561 )	842-3000  Daytime Telephone Number	
Name of	Person	Area Code	Daytime Telephone Number	12: 39 TARE TRIES
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certificat losed) Certified	te of Status &

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

6142 WEST	FALL ROAD LLC				
(Name of the Limited (A	Liability Company as it now apported Limited Liability Company	ears on our records.)		_	
The Articles of Organization for this Limited Liab	pility Company were filed _	February 23, 2016	and	assigned	
on Florida document number <u>L16000037927</u>					
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	e limited liability company	<u>here</u> :			
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the	e designation "LLC" or the	abbreviation	"L.L.C."	-
Enter new principal offices address, if applicab	le:				_
(Principal office address MUST BE A STREET)	4DDRESS)				_
					-
Enter new mailing address, if applicable:					_
(Mailing address MAY BE A POST OFFICE BO	<u></u>				_
D. If any and the state of the second conditions		or our records onto	TALIS	ਰ ਨ	-
B. If amending the registered agent and/or registered agent and/or the new registered offic		on our records, enter	the man		Hev
Name of New Registered Agent:					
Name of New Registered Agent.	<del></del>		72		_
New Registered Office Address:	Enter F	lorida street address		ည္	-
		. Florida	~ <b>~</b>	ω	
•	City	,	Zip Co	ode	-

#### 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>	Address	Type of Action
MGR	Bella Magazanic	28/43 Moshe Dayan Street, Yehud, IL 56460	□ Add
			■ Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
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an effective Note: If the	ate, if other than date is listed, the date e date inserted in thi effective date on th	must be specific a s block does not	and cannot be prior to the meet the application	o date of filing or ble statutory fil	more than 90 days aft	tional)	207 ( as t
	specifies a dela h day after the i			an effective	time, at 12:01	a.m. on the earlier	of:
	September	28	2018	//			
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ated			a member or autho				

Page 3 of 3

Filing Fee: \$25.00