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ROTHMAN & TOBIN, P.A.

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Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ROTHMAN & TOBIN, P.A.
Account Number : I20000000031
Phone : (305)895-3225
Fax Number : (305)895-7175

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 APR 20 PM 5:02

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: LKaizen@RothmanandTobin.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

1611 MICHIGAN AVE #10, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR 20 AM 10:10

APR 21 2016

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Corporate Filing Menu

SULKER

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1611 Michigan Ave #10, 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:

Lawrence Kaizen

Name of Person

Rothman & Tobin, P.A.

Firm/Company

11900 Biscayne Blvd. #740

Address

Miami, FL 33181

City/State and Zip Code

lkaizen@rothmanandtobin.com

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

For further information concerning this matter, please call:

Lawrence Kaizen

305 895-3225

Name of Person

at ()

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1611 Michigan Ave #10, 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 April 4, 2016 and assigned
Florida document number L16000066783

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

335 Ocean Drive #132, LLC

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:

335 Ocean Drive #132

(Principal office address **MUST BE A STREET ADDRESS**)

Miami Beach, FL 33139

Enter new mailing address, if applicable:

335 Ocean Drive #132

(Mailing address **MAY BE A POST OFFICE BOX**)

Miami Beach, FL 33139

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input 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"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

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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.

(b) The 90th day after the record is filed.

Dated

4/20/16

Signature of a member or authorized representative of a member

Leon Summers

Typed or printed name of signee