

46000121833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

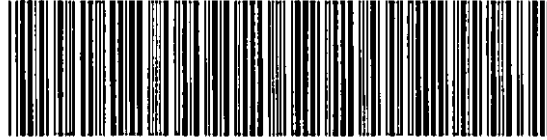
(Business Entity Name)

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D. BRUCE
JAN 09 2019

STRAUS & ASSOCIATES P.A.
Attorneys at Law

Arnold M. Straus, Jr.
Partner

Florencia Engle
Associate

Please reply to Pembroke Pines office

*10081 Pines Boulevard - Suite C
Pembroke Pines, Florida 33024
Broward: (954) 431-2000
Facsimile: (954) 431-8999*

*2500 Weston Road - Suite 213
Weston, Florida 33331
Broward: (954) 349-9400
Facsimile: (954) 349-9300*

December 19, 2018

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: 749 NE 16 AVE, LLC - Amendment

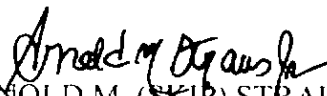
To Whom It May Concern:

Enclosed is our check in the sum of \$25.00 representing your fee for filing an Amendment to the subject limited liability company along with the completed Articles of Amendment to Articles of Organization.

Please contact our office if additional information is needed.

Very truly yours,

STRAUS & ASSOCIATES, P.A.


ARNOLD M. (SKIP) STRAUS, JR.
For the Firm
AMS/rr

**Signed for Mr. Straus
in his absence to
avoid delay in mailing**

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JUDICIAL CIRCUIT IN AND FOR
FLORIDA
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 749 NE 112 AVE 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:

Arnold M. Straus, Esq.
Name of Person

Straus & Associates, P.A.
Firm/Company

10081 Pines Blvd. Suite C
Address

Pembroke Pines FL 33024
City/State and Zip Code

RROJAS@strauslegal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rodriguez Rojas at (954) 431-2000 x 224
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

749 NE 16 AVE 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 6-24-16 and assigned Florida document number L16000121833.

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

City, Florida

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>
MGR	CESAR R. SORIDO	3006 Aviation Ave, Ste 2A	<input type="checkbox"/> Add
		Coconut Grove, FL 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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