# LICCUZEUE

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
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| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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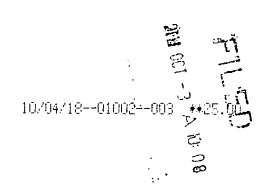
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## WALK IN

|                | PICK                      | CUP: 10/03/18 |                                       |
|----------------|---------------------------|---------------|---------------------------------------|
|                | CERTIFIED COPY            |               |                                       |
| xx             | РНОТОСОРУ                 |               |                                       |
|                | CUS                       |               |                                       |
| хх             | FILING                    | AMENDMENT     | <u> </u>                              |
|                | YESSOD PLACE LLC          |               | 3                                     |
|                | (CORPORATE NAME AND DOCUM | 1ENT #)       | · · · · · · · · · · · · · · · · · · · |
|                |                           |               | <u> </u>                              |
|                | (CORPORATE NAME AND DOCUM | IENT #)       | O & &                                 |
| -              | (CORPORATE NAME AND DOCUM | 1ENT #)       | •                                     |
| -              | (CORPORATE NAME AND DOCUM | 1ENT #)       |                                       |
|                | (CORPORATE NAME AND DOCUM | HENT #)       |                                       |
|                | (CORPORATE NAME AND DOCUM | IENT #)       |                                       |
| PECIAI<br>STRU | L<br>CTIONS:              |               |                                       |
|                |                           |               |                                       |
|                |                           |               |                                       |

#### **COVER LETTER**

TO:

| TO:       | Registration Se<br>Division of Cor |  |  |                  |   |
|-----------|------------------------------------|--|--|------------------|---|
| cuntra    |                                    | PLACE LLC  |  |                  |   |
| SUBJE     | UI:                                | Name of Lin  | nited Liability Company  |                  |   |
| The enci  | losed Articles of                  | Amendment and fee(s) are sul   | omitted for filing.  |                  |   |
| Please re | etum all correspo                  | ondence concerning this matter   | to the following:  |                  |   |
|           |                                    | MILDREY MONTES DE  | OCA/ SHARON ROZENCWAIG   |                  |   |
|           |                                    |  | Name of Person   | ***              |   |
|           |                                    | ROZENCWAIG & NADI  | EL, LLP  |                  |   |
|           |                                    |  |  |                  |   |
|           |                                    | 301 W. HALLANDALE  | BEACH BLVD   |                  |   |
|           |                                    |  | Address  |                  |   |
|           |                                    | HALLANDALE/FLORI   | DA/ 33009  | 9007             |   |
|           |                                    | entities@rnflaw.com  | City/State and Zip Code  | <u> </u>         | • |
|           |                                    | E-mail address:  | (to be used for future annual report notific   | ation)           | , |
| For furth | ner information c                  | oncerning this matter, please o  | all:   | Ö                |   |
| MILDR     | EY MONTES D                        | E OCA/ SHARON ROZENC   |  |                  |   |
|           | Name o                             | f Person   |  | Celephone Number |   |
| Enclosed  | d is a check for th                | ne following amount:   |  |                  |   |
|           | 00 Filing Fee                      | DE OCA/ SHARON ROZENCWAIG 954 455-5100                                 |  |                  |   |
|           | Registr<br>Divisio<br>P.O. Be      | ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314 | STREET/COURIED Registration Section Division of Corporate Clifton Building 2661 Executive Center | ions             |   |

Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| YESSOD PLACE LLC (Name of the Lin  | nited Liability Company as it now app   | cars on our records.)                                |  |  |
|--|---|--|--|--|
| ,  | nited Liability Company as it now app<br>(A Florida Limited Liability Compan) | y)   |  |  |
| The Articles of Organization for this Limited Liability Company were filed on 07/14/2016 |   |  |  |  |
| lorida document number L16000128466  | · · · · · ·   |  |  |  |
| his amendment is submitted to amend the fo   | llowing:  |  |  |  |
| . If amending name, enter the new name   | of the limited liability company  | here:  |  |  |
| he new name must be distinguishable and contain the                                      | . words Winnigsd Lightlin Commons "th   | a decignation "LLC" as the abbreviation of LC"       |  |  |
| ne new name must be distinguishable and contain the                                      | words Limited Liability Company, in   | e designation   ELC   or the appreviation   1,11,10. |  |  |
| nter new principal offices address, if appl  | icable:   |  |  |  |
| Principal office address MUST BE A STRE  | TET ADDRESS)  | 1  |  |  |
|  |   |  |  |  |
|  |   | <u>ئ</u> '''   |  |  |
| nter new moiling address if applicable   |   | O  |  |  |
| nter new mailing address, if applicable:   |   |  |  |  |
| Mailing address MAY BE A POST OFFICE   | <u></u>   |  |  |  |
| . If amending the registered agent anegistered agent and/or the new registered           |   | on our records, enter the name of the                |  |  |
| Name of New Registered Agent:  | ROZENCWAIG & NADEL, L   | LP   |  |  |
| New Registered Office Address:   | 301 W. HALLANDALE BEAC  | CH BLVD  |  |  |
|  | Enter F   | lorida street address                                |  |  |
|  | HALLANDALE  | , Florida <sup>33009</sup>                           |  |  |
|  |   |  |  |  |

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

| Title | <u>Name</u>                           | Address                                 | Type of Action |
|-------|---------------------------------------|---|----------------|
| MGR   | MIGUEL BENTOLILA                      | 3131 NE 188TH STREET<br>UNIT 2303       | <b>=</b> Add   |
|       |                                       | AVENTURA, FLORIDA<br>33180              | □ Remove       |
|       |                                       | *************************************** | □ Change       |
|       | · · · · · · · · · · · · · · · · · · · |   | □ Add          |
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| <del></del> |  |                                    |                                 |                                   |                                      | · · ·             | ······································              | - 100          | المسابق<br>السوائية |
|             |  | ·                                  |                                 |                                   |                                      |                   |   | . W<br>D       | الآنام<br>المسا     |
|             |  |                                    |                                 |                                   |                                      |                   |   | <del></del>    | م ا                 |
|             |  |                                    |                                 | · · · <del>- · · · · · · ·</del>  |                                      |                   | <del></del>   | <u>. හ</u>     |                     |
|             | e, if other tha<br>ate is listed, the da<br>ate inserted in t<br>fective date on | te must be spec<br>his block doe   | tific and cann<br>is not meet t | ot be prior to e<br>he applicable | ate of filing or<br>e statutory fili | nore than 90 days | (optional)<br>safter filing.) Po<br>s, this date wi | arsuant to 605 | 5.0207<br>ed as     |
|             | pecifies a del<br>day after the  |                                    |                                 | , but not a                       | n effective                          | time, at 12:      | 01 a.m. on  | the earli      | er of:              |
| Dated Oct   | rober ?  | 3'd                                | <u> </u>                        | 2018                              |                                      |                   |   |                |                     |
|             |  | લ                                  | chi ( ] (                       | 12                                |                                      |                   |   |                |                     |

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee