

L16020151669

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2016 OCT 17 PM 4:25  
STATE TALKY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
OCT 17 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 6891 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:

Michael Erice

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

11405 Nogales Street

\_\_\_\_\_  
Address

Coral Gables, FL 33156

\_\_\_\_\_  
City/State and Zip Code

mikee@south-dade.com

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

For further information concerning this matter, please call:

Michael Erice

305

987-9749

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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**

6891 LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2016 OCT 17 PM 4:25  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/15/2016 and assigned Florida document number L16000151669.

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:**

Remains: 6891 SW 48 Terrace, Miami FL 33155

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

**Enter new mailing address, if applicable:**

11405 Nogales Street

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

Coral Gables, FL 33156

**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:

Michael Erice

New Registered Office Address:

11405 Nogales Street

*Enter Florida street address*

Coral Gables

Florida 33156

*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>
MGR	Jeffrey Lehman	9820 SW 90 Avenue	<input type="checkbox"/> Add
		Miami, FL 33176	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Linda Lehman	9820 SW 90 Avenue	<input type="checkbox"/> Add
		Miami, FL 33176	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael Erice	11405 Nogales Street	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33156	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Myra Erice	11405 Nogales Street	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33156	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2018 OCT 17 PM 4:25  
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 CLERK OF DISTRICT COURT  
 TALLAHASSEE, FLORIDA


2016 OCT 1  
FBI FIELD OFFICE  
FALLA HALL

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CLERK OF DISTRICT COURT  
JULIA A. BROWN

**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 10/12, 2016.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

JEFFREY Lehman  
\_\_\_\_\_  
Typed or printed name of signer