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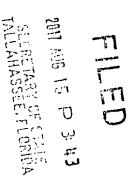
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## **COVER LETTER**

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

	L ESTATE HOLDINGS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
TI			
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	GREG HERSKOWITZ		
		Name of Person	
	GREG HERSKOWITZ PA	1	
		Firm/Company	
	9100 S. DADELAND BLV	VD., SUITE 908	
		Address	
	MIAMI, FL 33156		
		City/State and Zip Code	
	GREG@HLFMIAMI.COM		
	E-mail address: (	to be used for future annual report i	notification)
For further information co	oncerning this matter, please ca	all:	58 <b>= 1</b>
GREG HERSKOWITZ		305 423-1258	U;
Name of	Person		time Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Registra	ING ADDRESS: ation Section n of Corporations	STREET/COU Registration Se Division of Cor	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company (A Florida Limited Liability Company)	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number L16000157472	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty 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>**</b>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	<u> </u>
	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cir. Zip Code

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	GREG HERSKOWITZ PA	9100 S. DADELAND BLVD.	
		SUITE 908	■ Remove
		MIAMI, FL 33156	□ Change
MGR	JOSE CHAO	8001 SW 184 STREET	<b>■</b> Add
		PALMETTO BAY, FL 33157	☐ Remove
			Change
MGR	PATRICK ROBERTS	8001 SW 184 STREET	Add
		PALMETTO BAY, FL 33157	Remove
			☐ Change
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			☐ Change ☐ Add ☐ Remove
			□ Change

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tive date, if other than the defective date is listed, the date must be If the date inserted in this blockment's effective date on the Dep	e specific and cannot be prior to k does not meet the applica	o date of filing or more ble statulory filing re	(option than 90 days after file equirements, this d	ing.) Pursuant to 605.0
ecord specifies a delayed e e 90th day after the recor		an effective tim	e, at 12:01 a.r	n. on the earlie
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