

L16000188393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

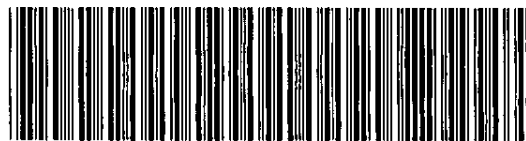
(Business Entity Name)

(Document Number)

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JAN 30 2017

Y SULKER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

1201 NW 23 PARTNERS, LLC

Signature _____

Requested by: BA

1/27/17

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
✓ ____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
✓ ____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
✓ ____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1201 NW 23 PARTNERS, LLC, a Florida limited liability company

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:

Jonathan D. Beloff, Esq.

Name of Person

Beloff Law, P.A.

Firm/Company

1691 Michigan Avenue, Suite 360

Address

Miami Beach, Florida 33139

City/State and Zip Code

noahramfox@yahoo.com

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

For further information concerning this matter, please call:

Isabel Ferrell

at (305) 673-1100

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**

1201 NW 23 PARTNERS, 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 October 11, 2016 and assigned
Florida document number L16000188393.

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

_____, 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>
<u>MGR&</u>	<u>730 CORPORATION, a Florida</u>	<u>1665 Washington Ave., Penthouse</u>	<input type="checkbox"/> Add
<u>AMBR</u>	<u>corporation</u>	<u>Miami Beach, Florida 33139</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>ANDREW LEEDS</u>	<u>5981 SW 85th Street</u>	<input type="checkbox"/> Add
		<u>Miami, Florida 33143</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>2301 JOE LLC, a Florida</u>	<u>1665 Washington Avenue, 4th Floor</u>	<input checked="" type="checkbox"/> Add
	<u>limited liability company</u>	<u>Miami Beach, Florida 33139</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>THE ERWIN STERN</u>	<u>3741 North 47th Avenue</u>	<input checked="" type="checkbox"/> Add
	<u>IRREVOCABLE TRUST f/b/o</u>	<u>Hollywood, Florida 33021</u>	<input type="checkbox"/> Remove
	<u>Marta Beth Friedman dated</u>		<input type="checkbox"/> Change
	<u>October 22, 2009</u>		
<u>MGR</u>	<u>Andrew Leeds</u>	<u>1665 WASHINGTON AVE., PENTHOUSE</u>	<input type="checkbox"/> Add
		<u>MIAMI BEACH, FL 33139</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

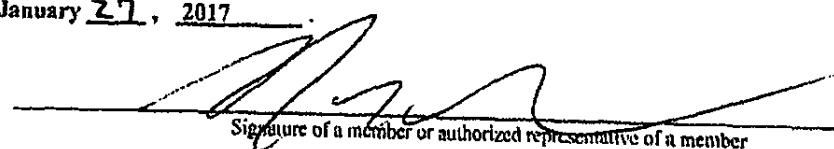
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CLERK OF COURT
ALACHUA COUNTY, FLORIDA

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated: January 27, 2017



Signature of a member or authorized representative of a member

NOAH R. FOX, Manager

Typed or printed name of signee