

L170000014778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

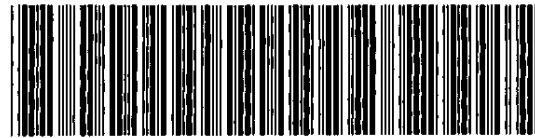
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300298459113

300298459113  
04/27/17--01001--010 \$25.00

FILED  
APR 26 AM 8:39

RECEIVED  
DEPARTMENT OF STATE  
17 APR 26 PM 4:29

O SIMMONS  
APR 27 2017

## CAPITAL CONNECTION, INC.

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

TRUMP 2206 LLC

### PRIME PROPERTIES

\_\_\_\_ 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 \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: BA

04/26/17 pm

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRUMP 2206 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:

MARIANO SAAL

Name of Person

TIR PRIME PROPERTIES

Firm/Company

3137 NE 163RD STREET

Address

NORTH MIAMI BEACH, FL 33160

City/State and Zip Code

MANAGER@TIRPRIME.COM

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

For further information concerning this matter, please call:

MARIANO SAAL

Name of Person

at (305) 934-7925

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**

TRUMP 2206 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 JANUARY 18, 2017 and assigned  
Florida document number L 17000014778.

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>MANAGER SERVICES, LLC</u>   | <u>3137 NE 163<sup>RD</sup> Street</u> | <input type="checkbox"/> Add               |
|              |                                | <u>North Miami Beach, FL 33160</u>     | <input checked="" type="checkbox"/> Remove |
|              |                                | _____                                  | <input type="checkbox"/> Change            |
| <u>MGR</u>   | <u>SILVIA<br/>RUTH KORN</u>    | <u>3137 NE 163<sup>RD</sup> STREET</u> | <input checked="" type="checkbox"/> Add    |
|              |                                | <u>NORTH MIAMI BEACH, FL 33160</u>     | <input type="checkbox"/> Remove            |
|              |                                | _____                                  | <input type="checkbox"/> Change            |
| <u>MGR</u>   | <u>DAVID ROBERTO NISENBAUM</u> | <u>3137 NE 163<sup>RD</sup> STREET</u> | <input checked="" type="checkbox"/> Add    |
|              |                                | <u>NORTH MIAMI BEACH, FL 33160</u>     | <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            |
| _____        | _____                          | _____                                  | <input type="checkbox"/> Add               |
|              |                                | _____                                  | <input type="checkbox"/> Remove            |
|              |                                | _____                                  | <input type="checkbox"/> Change            |

17  
PR 2  
AM  
39

[illegible]

17 APR 25 14:35

(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)

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 4/26/2017

4/26/2017  
MARINO SAM

  
David Roberto Nisenbaum  
Signature of a member or authorized representative of a member

  
SILVIA RUT KORN

Typed or printed name of signee