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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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MAR 27 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONE LIBERTY APARTMENTS
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:

ALEJANDRO MAYA
Name of Person

Firm/Company

9511 COLLINS AVE. # 709
Address

SURFSIDE, FL. 33154
City/State and Zip Code

ALEMAYAMP@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEJANDRO MAYA at (954) 632-8607
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

(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 _____ and assigned
Florida document number _____.

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>
MGR	LUIS PERCUC	15645 COLLINS AVE.	<input checked="" type="checkbox"/> Add
		# 804	<input type="checkbox"/> Remove
		SUNNY ISLES, FL. 33160	<input type="checkbox"/> Change
MGR	HSH BEACH LLC	15645 COLLINS AVE.	<input type="checkbox"/> Add
		# 804	<input checked="" type="checkbox"/> Remove
		SUNNY ISLES, FL. 33160	<input type="checkbox"/> Change
MGR	OBER 1 LLC	2750 NE 185 ST.	<input type="checkbox"/> Add
		# 202 (SUITE)	<input checked="" type="checkbox"/> Remove
		AVENTURA, FL. 33180	<input type="checkbox"/> Change
MGR	PROPERTY DEVELOPMENT HOLDINGS, LLC	9511 COLLINS AVE.	<input type="checkbox"/> Add
		# 709	<input checked="" type="checkbox"/> Remove
		SURFSIDE, FL. 33154	<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

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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 MARCH 20, 2017

Authorized representative of a member

Signature of a member or authorized representative of a member

ALCJANUJO MAYA FOR PROPERTY DEVELOPMENT

MOCD. 65, CCC