

L17000061542

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(Business Entity Name)

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Account#: I20000000088

Date: 04/26/2017

Name: Michelle Walker

Reference #:

ENTITY NAME: 2495 NW 41 STREET LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Annual Report

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other: CERTIFIED COPY UPON FILING

Please return a copy of this cover letter with the evidence. Thanks!

Authorized Amount: \$55

Signature: Michelle Walker

Please call Michelle at 518-213-0737

if authorized amount is incorrect.

115 North Calhoun Street, Suite #4, Tallahassee, FL 32301  
Telephone: (866) 625-0838 Fax: (866) 625-0839 International +1 (212) 947-7200  
Website: [www.nationalcorp.com](http://www.nationalcorp.com)

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 2495 NW 41 Street 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:

JOANNE GALY

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

2495 NW 41 Street LLC

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

445 PARK AVENUE, 9TH FLOOR

\_\_\_\_\_  
Address

NY, NY 10022

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

ADMIN@OAKESCAPITAL.COM

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

For further information concerning this matter, please call:

JOANNE GALY

646 502 7578

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

at (\_\_\_\_\_)\_\_\_\_\_  
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 &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

2495 NW 41 Street LLC

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

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on 03/16/2017 and assigned  
Florida document number L17000061542.

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>
AMBR	W. DONALD REDFERN	445 PARK AVENUE	<input checked="" type="checkbox"/> Add
		2495 NW 41 Street LLC	<input type="checkbox"/> Remove
		NY, NY 10022	<input type="checkbox"/> Change
AMBR	Fletcher Capital Management LLC	7750 OKEECHOBEE BLVD.	<input type="checkbox"/> Add
		SUITE #4-571	<input checked="" type="checkbox"/> Remove
		WEST PALM BEACH, FL 33411	<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

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

PLEASE UPDATE THE AUTHORIZED MEMBER OF THE COMPANY FROM FLETCHER CAPITAL MANA

MR. W. DONALD REDFERN

MS. JOANNE GALY REMAINS MANAGER.

THANK YOU

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**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 04/26/2017

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

JOANNE GALY, MANAGER

\_\_\_\_\_  
Typed or printed name of signee