

2/7/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000045952 3)))



H180000459523ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6363

From:

Account Name : SIEGFRIED, KIPNIS, RIVERA, LERNER, DE LA TORRE & MCCARSKI PA
Account Number : 076424000767
Phone : (305) 442-3334
Fax Number : (305) 443-3292

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Orivera@SRHL-Law.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OAKLAND CORNER CENTER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

FEB 08 2018

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

FEB 9 2018

H18000045523

COVER LETTER

TO: Registration Section
Division of CorporationsSUBJECT: OAKLAND CORNER CENTER, 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:

OSCAR R. RIVERA, ESQ.

Name of Person

SIEGFRIED RIVERA HYMAN LERNER DE LA TORRE MARS & SOBEL, P

Firm/Company

8211 WEST BROWARD BOULEVARD, SUITE 250

Address

PLANTATION, FLORIDA 33024

City/State and Zip Code

orivera@srhl-law.com

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

For further information concerning this matter, please call:

OSCAR R. RIVERA

Name of Person

954
at ()

Area Code

781-1134

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 32314STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H18000045523

H18000045523
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
18 FEB -8 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OAKLAND CORNER CENTER, 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 MARCH 22, 2017 and assigned
Florida document number L17000064236.

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

City, Florida 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

H18000045523

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	JOE PANDOLFO	3040 NORTH FEDERAL HIGHW.	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33306	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YOLANDA PANDOLFO	3040 NORTH FEDERAL HIGHW.	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33306	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANIEL PANDOLFO	3040 NORTH FEDERAL HIGHW.	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33306	<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

FILED
18 FEB 8 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H18000045523

H/18000045523

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

FILED
FEB - 8 AM 9:52
18
SECRETARY OF STATE
TALLAHASSEE, 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 FEBRUARY 8

2018

Signature of a member or authorized representative of a member: _____

OSCAR R. RIVERA

Typed or printed name of signee

Н/Р000045572