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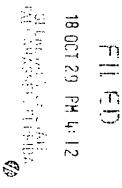
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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | stration Sect | | | |
|-----------------|----------------|--|---|---|
| SUBJECT: | 1625 MICE | HIGAN, LLC | | |
| SOBJECT. | | Name of Lim | ited Liability Company | |
| The enclosed | Articles of A | mendment and fee(s) are sub | omitted for filing. | |
| Please return a | all correspond | lence concerning this matter | to the following: | |
| | | PATRICIA BURNSIDE | | |
| | | PAT BURNSIDE REAL | Name of Person | |
| | | 2455 HOLLYWOOD BL | Firm/Company .VD., SUITE 311 | |
| | | | Address | |
| | | HOLLY WOOD, FL 33020 | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For further inf | ormation con | cerning this matter, please ca | all: | |
| PATRICIA I | | | 305 389-5800 at () | |
| | Name of P | erson | Area Code Daytime | Telephone Number |
| Enclosed is a c | check for the | following amount: | | |
| \$25.00 Fil | ing 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 Taliahassee, 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

| 1625 MICHIGAN, LLC | | | | | _ | |
|---|---|---------------------------------------|---------------------|----------------|-------------|-----------|
| (Name of the Limi | ted Liability Company (A Florida Limited Lia | as it now appears on obility Company) | our records.) | | | |
| The Articles of Organization for this Limited L | iability Company w | ere filed on MAY | 19, 2017 | and a | ıssigne | d |
| lorida document number L17000111902 | · | | | | | |
| his amendment is submitted to amend the foll | owing: | | | | | |
| . If amending name, enter the new name o | f the limited liabilit | ty company here: | | | | |
| he new name must be distinguishable and contain the v | words "Limited Liability | Company," the design | ation "LLC" or th | e abbreviation | 'L.L.C.'' | , |
| Enter new principal offices address, if applic | cable: | | | | | |
| Principal office address MUST BE A STREE | ET ADDRESS) | <u> </u> | | <u></u> | ω | |
| | - | | | <u> </u> | 130 | |
| | | | | , | 29 | |
| Enter new mailing address, if applicable: | | 1625 MICHIGAN | AVENUE | • ; | | 1 |
| Mailing address MAY BE A POST OFFICE BOX) | | MIAMI BEACH, F | L 33139 | | | |
| | | | | <u> </u> | ~ | |
| | | | _ | | | |
| If amending the registered agent and egistered agent and/or the new registered or | | ce address on our | records, <u>ent</u> | ter the nam | e of t | <u>he</u> |
| Name of New Registered Agent: | DANNY VALDEZ | | | | | |
| New Registered Office Address: 1625 MICHIGAN AVENU | | N AVENUE | | _ | | |
| | | Enter Florida si | reet address | | | |
| | МІАМІ ВЕАСН | | , Florida | 33139 | | |
| | | City | | Иір Сос | le | |

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> | Type of Action |
|--------------|-------------------|--|----------------|
| MGR | MIO DANILOVIC | 1025 WEST 47TH STREET MIAMI BEACH, FL 33140 | □ Add |
| | | | ■ Remove |
| | | | Change |
| MGR | YOSIF P. DIMITROV | 1625 MICHIGAN AVENUE MIAMI BEACH, FL 33139 | ⊟ Add |
| | | | Remove |
| | | | ☐ Change |
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| D. If amending any other information | n, enter change(s) here: (Attach additi | ional sheets, if necessary.) | |
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| E. Effective date, if other than the dat (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar | specific and cannot be prior to date of filing or m does not meet the applicable statutory filin | (optional) nore than 90 days after filing.) Pursuant to g requirements, this date will not be | 605.0207 (3)(listed as the |
| f the record specifies a delayed ef b) The 90th day after the record | fective date, but not an effective t is filed. | time, at 12:01 a.m. on the ea | arlier of: |
| Dated SEPTEMBER 7 | 2018 | | |
| \\.\\Z | | | |
| Sign | nature of a member or authorized representative | of a member | |
| YOSIF P. DIMITROV | | | |
| | Typed or printed name of signee | | - |

Page 3 of 3

Filing Fee: \$25.00