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COVER LETTER

	ion Section of Corporations	
SUBJECT:	Le leune Property Investment, LL Name of Limited Liability Company	
The enclosed Arti	les of Amendment and fee(s) are submitted for filing.	
Please return all c	rrespondence concerning this matter to the following:	
	T Smael Perera Name of Person	
	Levene Property Investment	LLC
	3650 NW South River Drive	
	Migmi FL 33142 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further inform	ation concerning this matter, please call:	
J	Smael Pereru at (305) 871-3000 Same of Person Area Code Daytime Telephone Number	
Enclosed is a che	x for the following amount:	
\$25.00 Filing	Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status & opy

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 (A Florida Limited Lia	operly Investigation of the state of the sta	stment,	LLd
The Articles of Organization for this Limited Liability Company we Florida document number			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "	LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:			<u></u>
(Principal office address MUST BE A STREET ADDRESS)			-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
Muning undress MAT BE A POST OFFICE BOX		•	- 1
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B. If amending the registered agent and/or registered offi	ce address on our rec	ords, <u>enter the</u>	name of the new
registered agent and/or the new registered office address here:		,	
		·••	ထ်
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:			
	Enter Florida street aa	ldress	
		, Florida	
	City	7	Tip 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>	Address	Type of Action
<u>MGR</u>	Alberto Eliakim	936 NW 132nd Avenue Sunrise, FL 33325-1340	8 Add
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Page 3 of 3

Filing Fee: \$25.00