

47 000 129548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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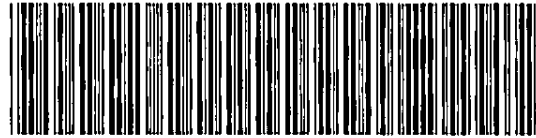
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1125 N SUMMIT ST, 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:

SHIMON BUHADANA

Name of Person

1125 N SUMMIT ST, LLC

Firm/Company

5790 POWERLINE ROAD

Address

FORT LAUDERDALE FL 33309

City/State and Zip Code

shimon43@bellsouth.net

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

For further information concerning this matter, please call:

SHIMON BUHADANA

Name of Person

at (954)

Area Code

658 7148

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 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**

1125 N SUMMIT ST. LLC

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

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17 OCT 16 PM 2:03
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 6/13/2017

and assigned

Florida document number L17000129548

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:

5790 POWERLINE ROAD

(Principal office address MUST BE A STREET ADDRESS)

FORT LAUDERDALE FL 33309

Enter new mailing address, if applicable:

5790 POWERLINE ROAD

(Mailing address MAY BE A POST OFFICE BOX)

FORT LAUDERDALE FL 33309

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:

SHIMON BUHADANA

New Registered Office Address:

5790 POWERLINE ROAD

Enter Florida street address

FORT LAUDERDALE

Florida

33309

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	JAMES G VILLARROEL	233 N FEDERAL HIGHWAY #65	<input type="checkbox"/> Add
		DANIA BEACH FL 33004	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SHIMON BUHADANA	5790 POWERLINE ROAD	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE FL 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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DIVISION OF

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Dated October 6, 2017

James G. Villarroel

Typed or printed name of signee