# 117000139991

| (Re                     | equestor's Name)     |              |
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| (Cit                    | ty/State/Zip/Phone   | #)           |
| PICK-UP                 | ☐ WAIT               | MAIL         |
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| JB()                    | isiness Entity Nam   |              |
| (Do                     | ocument Number)      | <del> </del> |
| `                       | ,                    |              |
| Certified Copies        | _ Certificates       | of Status    |
|                         |                      |              |
| Special Instructions to | Filing Officer:      |              |
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ALLAHASSET FLORIDA

JUL 07 2017 J SHIVERS

# **COVER LETTER**

| TO: Registration Section Division of Corpor | ations                                       |  |  |
|---|--|--|--|
| SUBJECT:                                    | 1200   | West Ave 510,  | , LLC  |
|   |  | nited Liability Company  | <del></del>  |
|   |  |  |  |
| The enclosed Articles of Am                 | endment and fee(s) are sub                   | omitted for filing.  |  |
| Please return all corresponde               | nce concerning this matter                   | to the following:  |  |
|   | Jon  | athan Rothman  | -  |
|   |  | Name of Person   |  |
|   |  |  |  |
|   |  | Firm/Company   | •  |
|   | 20533  | Biscayne Blud.   | Suite # 786  |
|   |  | Address  |  |
|   | Miami  | FL 33/80 City/State and Zip Code Othman @ 9 M 2i/ (to be used for future around report notific |  |
|   |  | City/State and Zip Code  | /  |
| _   | E-mafl address:                              | (to be used for future argued report notific   | ation)   |
| For further information conc                |  | V  |  |
| Jonathai                                    | 0.4  | at (786) 554   | '-5335   |
| Name of Per                                 | rson   | Area Code Daytime  | Telephone Number   |
|   |  |  |  |
| Enclosed is a check for the fo              | ollowing 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

1200 West Ave 510, LLC

| (Name of the Limited Liability Compan<br>(A Florida Limited Li   | y as it now appears on our records.) lability Company)  |
|--|---|
| The Articles of Organization for this Limited Liability Company of Florida document number <u>L17000139991</u> .   |   |
| Γhis amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limited liabil  | ity company here:   |
| The new name must be distinguishable and contain the words "Limited Liability"   | ty 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 off registered agent and/or the new registered office address here   |   |
|  |   |
| Name of New Registered Agent:  |   |
| New Registered Office Address:   | <b>7</b>  |
|  | Enter Florida street address Florida  |
|  | City Zip Gode   |
| New Registered Agent's Signature, if changing Registered Agent:  |   |
| I hereby accept the appointment as registered agent and agree<br>provisions of all statutes relative to the proper and complete p<br>accept the obligations of my position as registered agent as pro-<br>being filed to merely reflect a change in the registered office of<br>company has been notified in writing of this change. | e to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is |
|  |   |

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

| MGR =  | Manager             |  |
|--------|---------------------|--|
| AMBR = | : Authorized Member |  |

| <u>Title</u> | <u>Name</u>             | <u>Address</u> | 210 1/2/11                           | A Type of Action |
|--------------|-------------------------|----------------|--------------------------------------|------------------|
| MGR          | Name<br>Krystyna B. Kul | pinski         | 210 Washington Miami Beach, FL 33139 | 7 DAdd           |
|              | •                       |                |                                      | □ Remove         |
|              |                         |                |                                      | Change           |
|              | <del></del>             |                |                                      | Add              |
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|              |                         |                |                                      | □ Change         |

| lf amen               | ding any other i                                | nformation, enter  | change(s) here:                            | (Attach additio                            | nal sheets, if nece                                       | ssary.)   |
|-----------------------|---|--|--|--|---|---|
|                       |   |  | <del></del>                                |  |   |   |
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| If an effect Note: If | ctive date is listed, the f the date inserted i | han the date of filing that the date must be specific as in this block does not on the Department of | nd cannot be prior to<br>meet the applicat | o date of filing or moble statutory filing | (option<br>ore than 90 days after<br>g requirements, this | onal) filing.) Pursuant to 605.0207 is date will not be listed as t |
|                       |   | delayed effective<br>the record is filed   |  | an effective t                             | ime, at 12:01 a   | i.m. on the earlier of $\widetilde{\wp}_{\mathcal{O}_n}$            |
| Dated _               | July  | 5th  | , 2017                                     | -MM .                                      |   | TT JUL<br>TO SHEET<br>TO SHEET                                      |
|                       |   | $\sim 10^{-1}$   | Malhan.                                    | Homan                                      | /   | 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.                             |
|                       |   | Signature of   | a member or author                         | zed representative                         | of a member   | 7,77 3 27   |

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Filing Fee: \$25.00