## L17000151401

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	9)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name	)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
	<u>.</u>	





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10/03/17--01018--010 \*\*35.00

FILED

SECRETARY OF STATE
ANTAHASSEE, FLORIDA

13/15/17



October 4, 2017

JACK LEVINE 3050 BISCAYNE BLVD. SUITE 302 MIAMI, FL 33137 US

SUBJECT: COLDSTREAM 3050 HOLDINGS, LLC

Ref. Number: L17000151401

We have received your document for COLDSTREAM 3050 HOLDINGS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 254-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 817A00020093

## **COVER LETTER**

TO:	Registration Se Division of Cor								
erid ii	cor.	COLDSTRE	AM 3050 HOLDINGS, LLC						
SUBJF	.cr:	Name of Lim	ited Liability Company	<del></del>					
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please	return all correspo	ondence concerning this matter	to the following:						
			JACK LEVINE, CPA						
			Name of Person						
			JACK LEVINE, PA						
		-	Firm/Company						
		3050	BISCAYNE BLVD STE, 302						
			Address						
			MIAMI, FL 33137						
			City/State and Zip Code						
		· · · · · · · · · · · · · · · · · · ·	Submitted for filing.  Itter to the following:  JACK LEVINE, CPA  Name of Person  JACK LEVINE, PA  Firm/Company  050 BISCAYNE BLVD STE, 302  Address  MIAMI, FL 33137  City/State and Zip Code  IL@JACKLEVINECPA.COM  ss: (to be used for future annual report notification)  se call:  at (						
				lication)					
For fur	ther information c	oncerning this matter, please co	ill:						
JACK	LEVINE, PA.								
	Name o	Name of Limited Liability Company  d Articles of Amendment and feets) are submitted for tilting.  n all correspondence concerning this matter to the following:  JACK LEVINE, CPA  Name of Person  JACK LEVINE, PA  Firm/Company  3050 BISCAYNE BLVD STE, 302  Address  MIAMI, FL 33137  City/State and Zip Code  JL@JACKLEVINECPA.COM  E-mail address: (to be used for future annual report notification)  Information concerning this matter, please call:  INE, PA.  Name of Person  at (a)  Area Code  J 200,00 Filing Fee, Certificate of Status  Certificate of Status & Certificate Copy  Certificate of Status & Certi							
Enclose	ed is a check for th	ne following amount:							
<b>■</b> \$25	5.00 Filing Fee	<del>-</del>	Certified Copy	Certificate of Status & Certified Copy					

MAILING ADDRESS:

TO:

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

COLDSTREAM 3050 H		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number [L17000151401]	were filed on 7/14/2017	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liabi	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	e abbreviation "L.L.C."
nter new principal offices address, if applicable:		78 7
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		OR TAT
		55 PA
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		er the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zîp 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, <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>	Address	Type of Action
AMBR	JACK LEVINE	3050 BISCAYNE BLVD # 302	D Add
		MIAMI, FL 33137	□ Remove
			☐ Change
AMBR	WILLIAM ELBOGEN	3050 BISCAYNE BLVD # 302	Add
		MIAMI, FL 33137	🗖 Remove
			☐ Change
AMBR	JUDAH LIFSHITZ	3050 BISCAYNE BLVD # 302	
		MIAMI, FL 33137	_ □ Remove
			☐ Change
			□ Remove
			Change
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			□ Change

If amending any	wher miori	nauon, entel	change(s)	nere. (2000	ic et (illiffit)	и ансењ, у пе	cessury.)	
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							HASSE TANKE	<u> </u>
	·							
							FLORID	<del>5</del>
								<u></u>
Effective date, if (If an effective date is Note: If the date is document's effecti	listed, the date t nscrted in this	nust be specific block does no	and cannot be of meet the a	prior to date o pplicable stat	f filing or more outory filing re	than 90 days afte	tional) er filing.) Pursua iis date will no	ant to 605,0207 of he listed as
the record speci ) The 90th day				t not an ei	fective tim	e, at 12:01	a.m. on th	e earlier of
Dated October 16			2017					
<del></del>		Signature of	f a member or	authorized re	presentative of	a member		

Page 3 of 3

Filing Fee: \$25.00