

L17 000245596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

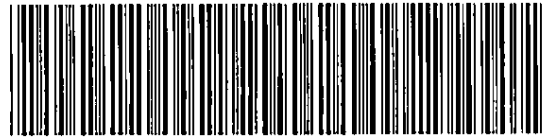
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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900320155069

10/25/18--01009--012 ♦♦75.00

RECEIVED  
CLERK OF STATE  
2018 NOV 30 AM 8:54  
18 OCT 25 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

In Accord

UCS  
12-3-18



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 26, 2018

CORPORATE ACCESS

SUBJECT: PF RENTAL DEVELOPMENT 2018, LLC  
Ref. Number: L17000245596

We have received your document for PF RENTAL DEVELOPMENT 2018, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file an annual report with our office. Therefore, the document you submitted cannot be filed until the entity is reinstated on our records. The required reinstatement application, which takes the place of the annual report(s) due, must be submitted online at [www.sunbiz.org](http://www.sunbiz.org). Simply click on the blue box entitled "File A Reinstatement Here!," which is located in the middle of our home page.

Once the reinstatement is submitted online, our system will allow you to choose one of three payment options. The three payment options are: 1. online by credit card; 2. online by pre-established Sunbiz E-File account; or 3. by mail with a check or money order. To pay online using a credit card, simply select the credit card option and enter your credit card information. Business entities with pre-established Sunbiz E-File accounts may choose the Sunbiz E-File account option. Entities paying by check or money order must select the check payment option, print the required payment voucher, and mail the check payment voucher with a check or money order made payable to the Florida Department of State for the total amount due.

If you choose to pay the required reinstatement fee(s) online using a credit card or Sunbiz E-File account, please contact me when the reinstatement filing has posted. If you choose to pay the required fee(s) by check or money order, please mail the check payment voucher and check or money order to my attention.

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) 245-6051.

*Corrected*

Janeice L Smith  
Regulatory Specialist II  
Registration Section

Letter Number: 118A00022087

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 10/23/18

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- XX** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- XX** **FILING** AMENDMENTS \_\_\_\_\_

1. **PF RENTAL DEVELOPMENT 2018 LLC**  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PF RENTAL DEVELOPMENT 2018, 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:

SHARON ROZENCWAIG

\_\_\_\_\_  
Name of Person

ROZENCWAIG & NADEL, LLP

\_\_\_\_\_  
Firm/Company

301 W. HALLANDALE BEACH BLVD

\_\_\_\_\_  
Address

HALLANDALE/ FLORIDA/ 33009

\_\_\_\_\_  
City/State and Zip Code

entities@rnflaw.com

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

For further information concerning this matter, please call:

SHARON ROZENCWAIG

954 455-5100  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

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**

PF RENTAL DEVELOPMENT 2018, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/30/2017 and assigned  
Florida document number L17000245596.

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:

1205 S. 21ST AVE

(Principal office address MUST BE A STREET ADDRESS)

HOLLYWOOD, FL 33020

Enter new mailing address, if applicable:

1205 S. 21ST AVE

(Mailing address MAY BE A POST OFFICE BOX)

HOLLYWOOD, FL 33020

**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:

New Registered Office Address:

Enter Florida street address

Florida

City

**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

**FILED**  
2018 NOV 30 AM 8:54  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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	KOEN, RONNY	3847 PEMBROKE ROAD	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DICHI, JOEL	1205 S. 21ST AVE	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33020	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	LEVY DE DICHI, LINDA	1205 S. 21ST AVE	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33020	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	FERRER, PATRICIA	1205 S. 21ST AVE	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33020	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 24, 2018.

[Signature]  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signee