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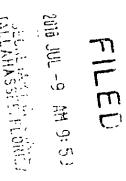
(Requestor's Name)
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Special Instructions to Filing Officer:





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COVER LETTER

TÒ:	Registration Se Division of Cor			
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SUBJI	Name of Person Area Code Daytime Telephone Number d is a check for the following amount:			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Dinah Vogel		
			Name of Person	
		The Shapiro Real Estate G	roup LLC	
			Firm/Company	
		9348 Carlyle Ave		
			Address	
		Surfside FL 33154		
		info@theshapirogrp.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
Dinah			at ()	
	Name of	î Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2.	5.00 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

The Shapiro Real Estate Group LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Companion Florida document number $\frac{L18000157713}{L18000157713}$.	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Shapiro Real Estate Group LLC		
The new name must be distinguishable and contain the words "Limited Lial	hility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	1	70. 8
	<u> </u>	
		18 L
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		E. 6
		- S. S.
		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ls, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	153
	F	lorida
	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, <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
MGR	David Glick	9348 Carlyle Ave Surfside FL	Add
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			Change
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		.	☐ Remove
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			TALIJAHAS REMOVE
			Change
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Effact	ive date, if other tha	n the date of filin	ar.		(optio	nal)	
li an etl	fective date is listed, the da	te must be specific and	d cannot be prior to d		ıan 90 days after t	iling.) Pursuant to 605	
	If the date inserted in the nent's effective date on			statutory filing rec	juirements, this	date will not be liste	ed as t
	cord specifies a del 90th day after the			n effective time	, at 12:01 a	m. on the earlie	er of:
	7/5/2018						
Dated				2/			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00