

11/13/2018



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000326758 3)))



H18000326758ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : GILMAN CIOCIA INC.
Account Number : I20120000051
Phone : (305)937-7773
Fax Number : (815)301-2897

FILED
NOV 14 P 7 58
CORPORATION FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: NADYA.USOVICH@fcorp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
2100 NW 27 ST 1-2 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2018 NOV 14 AM 7:01

Electronic Filing Menu

Corporate Filing Menu

Help

11/13/18 DS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2100 NW 27 ST 1-2 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 06/28/2018 and assigned Florida document number L18000158619.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2018 NOV 14 P 7 59
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

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:

12285 NW 81st ST

Enter Florida street address:

PARKLAND

Florida 33076

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	ILAN HAYON	12285 NW 81st ST	<input type="checkbox"/> Add
		PARKLAND, FL 33075	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	KABIRI, HAGAY	19630 NE 26 AVE	<input type="checkbox"/> Add
		MIAMI, FL 33180 UN	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YAFIT HAYOUN	12285 NW 81st ST	<input checked="" type="checkbox"/> Add
		PARKLAND, FL 33076	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

RECEIVED
 NOV 11 11 11 AM '08
 COMMUNITY DEVELOPMENT
 DEPARTMENT
 MIAMI, FLORIDA

