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To:

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

From:

Account Name	:	CORPORATE CREATIONS	INTERNATIONAL	INC.
Account Number	:	110432003053		
Phone	:	(561)694-8107		
Fax Number	:	(561)214-8442		

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 3739 COLLINS AVE LLC

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## **COVER LETTER**

## TO: Registration Section Division of Corporations

3739 COLLINS AVE

SUBJECT: \_\_\_\_

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:

Michael J. Pardo

Name of Person

Pardo Jackson Gainsburg, PL

Firm/Company

100 Southeast 2nd Street, Suite 2050

Address

Miami, FL 33131

City/State and Zip Code

mpardo@pardojackson.com

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

For further information concerning this matter, please call:

 Michael J. Pardo
 305
 358-1001

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3739 COLLINS AVE 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
1681 NORTH BAY VILLAGE LLC
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:
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:			ال 2	
			Z	<u>بر</u> بر بر
New Registered Office Address:	Enter Florida street address	•		
	, Florida	• ;	ŅН	
·····	Ciņ	· Zip		<del>.</del> -
New Registered Agent's Signature, if changing Registered Agent:		•	26	

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

Title	Name	Address	Type of Action
MGR	TANUJA THARANI	3315 COLLINS AVE., #48	🖸 Add
		MIAMI BEACH, FL 33140	Remove
		<u></u>	□Change
MGR	JOHN MERIWETHER	3315 COLLINS AVE., #4B	🖬 Add
		MIAMI BEACH, FL 33140	🖸 Remove
		<u></u>	DChange
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			Change
			🗆 Add
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			🗍 Remove
			Change

D. If amending any other information, enter change(s) here: (	(Attach additional sheets, if necessary.)
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