Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.

Account Number : I20120000051 : (305)937-7773 per : (815)301-2897

Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 567 NE 150 ST LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 12 2019

M. SOLOMON

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

567 NE 150 ST LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny <u>as it now appears on our records.)</u> lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1,19000031251	were filed on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liahi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabilitation new principal offices address, if applicable:	ity Company," the designation "LLC" or the	1-01 en
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		<u> </u>
nter new mailing address, if applicable:		25 N
Mailing address MAY BE A POST OFFICE BOX)		97 N
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address here 	Tice address on our records, <u>en</u> e:	iter the name of the n
Name of New Registered Agent:		***************************************
New Registered Office Address:	Enter Florida street address	
	Florid	a
	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

Title	Name	Address	Type of Action
MGR	BONNARDEL S. AMUEL	19630 NE 26 AVE	
			Add
		MIAMI, FL 33180	
			≘ Renюve
			☐ Change
	N. G. V. V. (1979)	19630 NE 26 AVE	C (ming)
MGR	HAGAY KABIRI	1 A020 ME 70 CAT	Add
		MIAMI, FL 33180	
			☐ Remove
			☐ Change
			10 m
			Remove
			Change 7
			Add
			Remove
			CI Kemove
			☐ Change
			
			Remove
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			Remove
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N/A			
			
			
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n effective date is listed, the date must be specific and cannot be: If the date inserted in this block does not meet the cument's effective date on the Department of State's re-	applicable statutory i	ling requirements, this date	e will not be listed a
record specifies a delayed effective date, b The 90th day after the record is filed.	out not an effectiv	e time, at 12:01 a.m	, on the earlier o
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ited	<u>, </u>		
\	A apthorized represents		

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Typed or printed name of signer