

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H19000099052 3)))



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To:

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

From:

Account Name : SERBER & ASSOCIATES, P.A.
 Account Number : I20000000083
 Phone : (305)932-6262
 Fax Number : (305)933-9393

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

Email Address: info@serberlawfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
4296 S 76TH STREET LLC

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Corporate Filing Menu

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2019 MAR 25 AM 9:50

SERBER & ASSOCIATES, P.A.
FLORIDA

2019 MAR 25 PM 2:13

JLS
3-26-19

1419 0000990000

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4296 S 76TH STREET 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 03/05/2019 and assigned
Florida document number L19000062622

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 end with 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**)

2875 NE 191st Street, Suite 801

Aventura, FL 33180

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

2875 NE 191st Street, Suite 801

Aventura, FL 33180

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:

Serber & Associates, P.A.

New Registered Office Address:

2875 NE 191st Street, Suite 801

Enter Florida street address

Aventura

City

, Florida 33180

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

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MAR 25 4 19:50
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

H190000 770323

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

Change Manager's Address to:

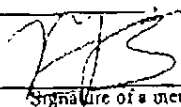
BIKOFF, MAXWELL

2875 N.E. 191st Street, Suite 801

Aventura, FL 33180

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 25 2019


Signature of a member or authorized representative of a member

Maxwell Bikoff

Typed or printed name of signer

FILED
2019 MAR 25 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA