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BOCA RATON OFFICE 2000 Glades Road, Suite 312 Boca Raton, FL 33431

(T) 561.218.4947 (F) 561.235.0986 WWW.DOROTBENSIMON.COM INFO@DOROTBENSIMON.COM AVENTURA OFFICE 20295 NE 29th Płace, Suite 20 Aventura, FL 33180 (T) 305.921.942

(F) 305.395.3978

September 27, 2019

Department of State Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

RE: Articles of Amendment

Dear Sir or Madam,

Enclosed, please find the Articles of Amendment that need to be filed in order to chan the name of the entity from ARMANI 12A, LLC to MANI 1200, LLC.

Also, enclosed is a check in the amount of \$25.00 for the filing fee.

Thank you for your assistance in this matter.

Sincerely,

DOROT & BENSIMON PL

Daniel Bensimon, Esq.

For the Firm

## **COVER LETTER**

TO:

	egistration Se vision of Cor					
CUBICA	ARMANI					
SUBJECT	:		Name of Limited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retur	m all correspo	ondence concerning this matter	to the following:			
		DANIEL BENSIMON				
			Name of Person			
		DOROT & BENSIMON				
Firm/Company						
20295 NE 29TH PLACE, SUITE 201						
			Address			
		AVENTURA, FLORIDA	33467			
			City/State and Zip Code			
		CORPORATE@DORBEN				
		E-mail address: (	to be used for future annual re	port notification)		
For further	information c	oncerning this matter, please ca	all:			
DANIEL BENSIMON		561 218-	4947			
_	Name o	f Person	Area Code	Daytime Telephone Number		
Enclosed is	a check for th	ne following amount:				
\$25.00		☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	S60.00 Filing Fee, Certificate of Status &  Certified Copy (additional copy is enclosed)		
	Registr Divisio	ING ADDRESS: ation Section n of Corporations	Registratio Division o	f Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARMANI 12A, 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 09/12/2019 and assi Florida document number <u>L19000230858</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MANI 1200, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC 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) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

Florida

Zip Code

Cirv

MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of
			Add
			Chan
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			Chan;
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			Remove
			Change
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			□ Remove
			Change
			Remove
			Change

	<u> </u>
	<u> </u>
Effective date, if other than the date of filing:	
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e The 90th day after the record is filed.	arlie
Dated September 27, 2019.	
Dated September 27, 2019.  Signature of a member or authorized representative of a member	
Signature of a member of authorized representative of a member	
DANIEL BENSIMON	
Typed or printed name of signee	Ī

D. It afficiently any other information, enter change(s) neve. (Anath administration, y necessary.)

Page 3 of 3

Filing Fee: \$25.00