L9900002354

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T. Burch (1) 2224

COVER LETTER

TO: Registration Section
Division of Corporations

TIRRECT. 738 N.E. 86TH STREET, L.C.

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:

GINETTE S. RIGAUD

Name of Person

Le Groupe Management

Firm/Company

1175 N.E. 125th Street (#616)

Address

North Miami, Fl 33161

City/State and Zip Code

gsrigaud@bellsouth.net

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

For further information concerning this matter, please call:

GINETTE S. RIGAUD

*..,*786、4431536

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee & 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

738 N.E. 86TH STREET, L.C.	
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 04/26/1999 and assigned
Florida document number L9900002354	 '
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
•	DECC : 1
(Principal office address MUST BE A STREET ADD	ACDS)
	Li grafi (n. 1) rementi
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	en e
	<i></i>
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad	istered office address on our records, <u>enter the name of the</u> dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name 1 **Address Type of Action 322 N.E 80 TERRACE Dominique Dumont** MGR Add MIAMI, FL 33138 ☐ Remove 12262 SW 143 LANE **MGR** Robert Cambronne Add MIAMI, FL 33186 ☐ Remove □ Add ☐ Remove ☐ Remove ☐ Add ☐ Remove □ Add _□ Remove

ffective date, if other tha	n the date of filing:
he effective date must be specific the date this document is filed by	n the date of filing: (optional) c, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the Florida Department of State)
The effective date must be specific the date this document is filed by	c, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
The effective date must be specific	c, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the Florida Department of State)
The effective date must be specific the date this document is filed by	c, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the Florida Department of State)
The effective date must be specific the date this document is filed by	c, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the Florida Department of State)
The effective date must be specific the date this document is filed by Dated July 7	c, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the Florida Department of State)

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Filing Fee: \$25.00