

MI3000003454

Florida Department of State
Division of Corporations
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September 15, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FIRST AVE 945 REALTY LLC
109 WEST 27TH STREET, SUITE 9E
NEW YORK, NY 10001

SUBJECT: FIRST AVE 945 REALTY LLC
REF: M13000003454

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet. We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Yasemin Y Sulker
Regulatory Specialist II

FAX Aud. #: H16000228529
Letter Number: 616A00019718

P.O BOX 6327 - Tallahassee, Florida 32314

416000228529

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: FLORIDA - FIRST AVE 945 REALTY LLC

Enter new principal office address, if applicable: N/A

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M13000003454

3. Jurisdiction of its organization: NEW YORK

4. Date authorized to do business in Florida: MAY 31, 2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: N/A

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 603, 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

8. If the amendment changes person, title or capacity in accordance with 603.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>SHEMEL, SABAH</u>	<u>38 E 32 ST Room 603</u>	<input type="checkbox"/> Add
		<u>NEW YORK, NY 10016</u>	<input checked="" type="checkbox"/> Remove
<u>MBR</u>	<u>SHEMEL, SABAH</u>	<u>38 E 32 ST Room 603</u>	<input checked="" type="checkbox"/> Add
		<u>NEW YORK, NY 10016</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>SHEMEL, MARK</u>	<u>309 23RD STREET SUITE 320</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI, FL 33139</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

SHEMEL, MARK

Typed or printed name of signee

Filing Fee: \$25.00

4

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