

Division of Corporations

LO3000038845

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000257748 3)))



H110002577483ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

2011 OCT 27 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

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

Email Address: _____

RECEIVED
11 OCT 27 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FREDERIKE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

J. SAULSBERRY
EXAMINER

Electronic Filing Menu Corporate Filing Menu Help OCT 28 2011

FILED
2011 OCT 27 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FREDERIKE 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 10/10/2003 and assigned
Florida document number L03000038845.

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)

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 the new registered agent and/or the new registered office address 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 608, 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 adding the names of existing members on our records, enter the full name and address of each person or business member being added by request from the requestor.

MCB - Member
MBR - Managing Member

Title	Name	Address	Type of Address
MCB	ALINA SANTOVENIA	1200 S. OCEAN BLVD NANALAPAN, FLORIDA 33107	Home

If providing any other information, enter it below:

Date: _____

Signature of a member or authorized representative of a member: 

Typed or printed name of member: **Tonio G. B. Arcaini**

FILED
 2011 OCT 27 AM 8:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA