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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: A.D.M. 4. Retail Astolia LLC (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:
Daniel Amuicul (Name of Person)
Astoria Croup USA (Firm/Company)
300 W. 41st #202 (Address)
Micami Beach, F1 33140 (City/State and Zip Code)
For further information concerning this matter, please call:
Daniel Amurcy at (305) 804 4772  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} &

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

SECRETARY OF STATE DIVISION OF CORPORATIONS

08 FEB -6 PM 1: 00

A.D. M. J. Ro (Name of the Limited	Liability Company as it now app. A Florida Limited Liability Company	ears on our records.)	00 ONS
The Articles of Organization for this Limited L	• •	0/11/07	and assigned
Florida document number Lo 7000	01370.		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited liability company h	<u>ere</u> :	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Com	pany," the designation	"LLC" or the abbreviation
B. If amending the registered agent and registered agent and/or the new registered o		our records, <u>enter</u>	r the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	(Enter Florida street address)		
	Miami Beach	, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action 1210 Stirling MGRM Shlomo Melloul Remove Dania Fl Add Remove Add Remove  $\square$  Add Remove  $\square$ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00