

Division of Corporations Public Access System

## 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.

(((H090002303023)))



H090002303023ABCT

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

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633-9696

@SAMND/RESTATE/CORRECT OR M/MG RESIGN

## A.D.M.Y. RETAIL ASTORIA LLC

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

Electronic Filing Menu

Corporate Filing Men C Help

OCT 2 9 2009

EXAMINER

10/28/2009

https://efile.sunbiz.org/scripts/efilcovr.exe

9696889908

10/58/5009 16:30

H09000230302

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	M.Y. RETIAL ASTORIA I Liability Company as it now appear Librida Limited Liability Company)	rs on our records.)		
· · · · · · · · · · · · · · · · · · ·	L Florida Limited Liability Company)			
The Articles of Organization for this Limited L	iability Company were filed on	06/11/2007	and assigned	
Florida document numberL0700006	1370			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Comp	any," the designation "	LLC" or the abbrevia	ation
Enter new principal offices address, if applic	able:		00	N N
(Principal office address MUST BE A STREE	T ABBORGO			
.,				
		· · · · · · · · · · · · · · · · · · ·	<del>23</del>	-7A
Enter new mailing address, if applicable:			<b>→</b>	000
(Mailing address MAY BE A POST OFFICE)	BOX)		<u> </u>	(2) (3) (3)
	<del></del>		<u></u>	ĎΞ
B. If amending the registered agent and/or the new registered of	fice address here:	our records, <u>enter (</u>	the name of the 1	Eew
Name of New Registered Agent:	AMUIAL, YOSEF	<del></del>		_
New Registered Office Address:	20740 NE 30TH PLACE		,	
	En	ter Florida street ada	iress	
	AVENTURA	, Florida	33180	_
•	City		Zìp Code	
New Registered Agent's Signature, if changing R	legistered Agent:			
I hereby accept the appointment as registered the provisions of all statutes relative to the pr accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this o	oper and complete performance stered agent as provided for in Cl egistered office address, I hereby	of my duttes, and I d hapter 608, F.S. Or, confirm that the lin	un familiar with a if this document is nited liability	nd s

H09000230302

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 = Ma MGRM = N	nager Tanaging Membe <del>r</del>		
<u>Tide</u>	Name	Address	Type of Action
MGR	AMUIAL, DANIEL	20870 NE 32ND AVENUE AVENTURA, FL 33180	Add Z Remove
MGR_	AMUIAL, YOSEF	20740 NE 30TH PLACE AVENTURA EL 33180	✓ Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
D. If amend	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary)	
			_
	,		
		con	
	Signatule of a men	nber or authorized representative of a member	
	To The state of th	MICHAEL AMAR  ped or printed name of signee	
	1.3	her or himmen name of Affines	•

Yage 2 of 2 Filing Fee: \$25.00

H09000230302