

**L08000014698**

(Requestor's Name)

MOYAL ACCOUNTING SERVICES INC  
10796 PINES BLVD SUITE 204  
PEMBROKE PINES, FLORIDA 33026

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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~~04/20/09--01022--004 \*\*35.00~~

04/20/09--01022--004 \*\*25.00

**FILED**  
2009 APR 20 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

APR 21 2009

**EXAMINER**

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2009 APR 20 PM 3: 51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BOOKINGS NET MANAGEMENT, 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 02/11/2008 and assigned Florida document number L08000014698.

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 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	Name	Address	Type of Action
MGRM	LAURENT LEGUIDE	1850 S OCEAN DRIVE APT 4404 HALLANDALE FLORIDA 33009	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MICHELE ALVAREZ	2825 COLLINS AVENUE SUITE 1107 MIAMI FLORIDA 33140	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated MARCH 19 2009

(R)

Signature of a member or authorized representative of a member

LAURENT LEGUIDE

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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