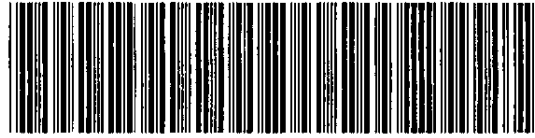


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

S. HAWKES

SEP 15 2009

EXAMINER

Please direct all correspondence in regards to these changes to

Joseph Moro

501 South State Rd 7

Plantation, FL 33317

954-584-5786

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 9222 W Atlantic 1325 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:

**Joseph Moro**  
Name of Person  
**LPTN**  
Firm/Company  
**501 S SR 7**  
Address  
**Plantation, FL 33317**  
City/State and Zip Code  
✓ **dawnlptn@bellsouth.net**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Joseph Moro** at ( **954** ) **584-5786**  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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**

9222 W Atlantic 1325LLC

(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 06/03/2008 and assigned Florida document number L08000054871.

FILED  
09 SEP 14 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

2667 LLC

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)*

501 South State Road 7

Plantation, FL 33317

**Enter new mailing address, if applicable:**  
*(Mailing address MAY BE A POST OFFICE BOX)*

501 South State Road 7

Plantation, FL 33317

**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:

501 South State Road 7

*Enter Florida street address*

Plantation

Florida

33317

*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.*

*(Signature)*  
If Change of 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

| <u>Title</u> | <u>Name</u>    | <u>Address</u>                               | <u>Type of Action</u>  |
|--------------|----------------|--|--|
| mgr          | Kelly Moro     | 330 SW 167 Ave<br>Pembroke Pines, FL 33027   | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| mgr          | Michael Becker | 21055 Yacht Club Drive<br>Aventura, FL 33180 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| mgr          | Brian McCoy    | 693 Eagle Circle<br>Delray Beach, FL 33444   | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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 09 SEP 2009 PM 12:46  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

\_\_\_\_\_

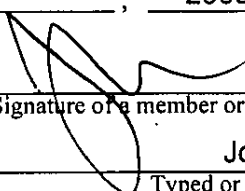
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated September 9, 2009

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Joseph Moro  
 \_\_\_\_\_  
 Typed or printed name of signee