## L09000017614

(Re	equestor's Name)	l				
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PICK-UP	☐ WAIT	MAIL				
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· (Bu	isiness Entity Nai	me)				
(Do	ocument Number)	)				
Certified Copies	_ Certificate:	s of Status				
Special Instructions to	Filing Officer:					
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## **COVER LETTER**

Registration Section Division of Corporations

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

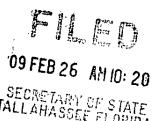
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TO:

SUBJECT:	SRAN	n WESTERN	WAY, 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:							
	_	ALAN	J. MARCUS  (Name of Person)  TITLE /NSUR  (Firm/Company)				
	_	AVENTURA	TITLE INSUR (Firm/Company)	ANCE			
•	_	20803	BISCAYNE BLVD,	#301			
•	-	AVENTURA	FL 33180 (City/State and Zip Code)				
For further information concerning this matter, please call:							
ALAN	(Name of Pe	MARCUS erson)	at (305) 937-1 (Area Code & Daytime T	8 00 Telephone Number)			
Enclosed is a ch	eck for the fo	ollowing amount:					
<b>№</b> \$25.00 Filinş	g Fee C	2\$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)			

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



ISRAM WESTE	RN WAY. LLC.
(Name of the Limited Liability	Company as it now appears on our records.) imited Liability Company)
	1 1 -
The Articles of Organization for this Limited Liability Co	ompany were filed on 12 23 09 and assigned
Florida document number L090000 17614	.· _·
·	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR.	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on our records, enter the name of the new
registered agent and/or the new registered office addr	ess nere.
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	(Enter Florida street address)
	, Florida

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)

MGR = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ISRAM REDITY MANAGEMENT, WE	506 S. Dixie Highway	Add Remove
·	<del></del>		Add Remove
			Add Remove
•			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter change(s)	here: (Attach additional sheets, if necessary.)	_
_			O9 FEB 26
Dated	2/24/09 Mt	My) atty for LLC	
	Aran	uthorized representative of a member  J, WARUS rinted name of signee	

Page 2 of 2

Filing Fee: \$25.00