

LD9000072850

Florida Department of State
Division of Corporations
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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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 AUG 12 AM 8:35

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TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**AFT07, LLC**

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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09 AUG 12 AM 8:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AFT07 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 07/29/2009 and assigned
Florida document number L09000072850

This amendment is submitted to amend the following:

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

AFT07, 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**)

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

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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	ALLAN NG	8005 NW 90 STREET MEDLEY FLORIDA 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	BETTY NG	8005 NW 90 STREET MEDLEY FLORIDA 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	IVA NG	8005 NW 90 STREET MEDLEY FLORIDA 33166	<input checked="" 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 AUGUST 10 2009

Signature of a member or authorized representative of a member

ABE NG

Typed or printed name of signee

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Filing Fee: \$25.00

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