

L10000026208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

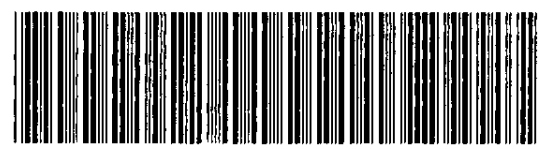
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500203660065

04/22/11--01022--021 \*\*30.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2011 APR 22 AM 9:10

FILED

C. LEWIS  
APR 25 2011  
EXAMINER



April 21, 2010

Florida Dept. of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: CLU HABITAT, LLC.  
Amendment of Articles of Organization

To whom it may concern:

Please find enclosed an application for amendment of the above mentioned corporation who's corporation name we will be changing to 9600, LLC.

As instructed by your office we have included a check in the amount of \$30.00 for the filing fee and certified copy of the amendment once issued.

If there should be any questions with regards to this application, please contact our office.

Thank you,

Sincerely,

A handwritten signature in black ink, appearing to read "Vivian Figarola". The signature is fluid and cursive, written over a faint, larger version of the name.

Vivian Figarola  
Executive Assistant to Christian Infante

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 9600, 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:

CHRISTIAN INFANTE  
Name of Person

9600, LLC.  
Firm/Company

9700 NW. 79 Ave  
Address

Hialeah Gardens, Fl. 33016  
City/State and Zip Code

cinfante@stmservices.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vivian Figarola at (305) 818-2424 - X-24  
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

FILED

2011 APR 22 AM 10:10

CLU HABITAT, LLC.  
(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/9/2010 and assigned Florida document number L10000026208

This amendment is submitted to amend the following:

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

9600, 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)

9700 N.W. 79 Avenue  
Hialeah Gardens, FL.  
33016

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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:

N/A

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:

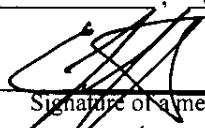
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CHRISTIAN INFANTE	9700 N.W. 79 Ave Hialeah Gardens Florida, 33018	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JOSE Infante	9700 N.W. 79 Ave Hialeah Gardens Florida, 33016	<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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

n/A

Dated 4/21/2011.

  
Signature of a member or authorized representative of a member

CHRISTIAN INFANTE  
Typed or printed name of signee

2011 APR 22 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED