

L 10000059496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

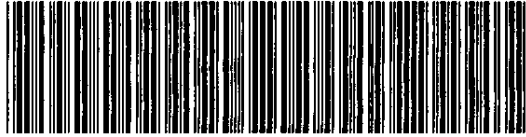
(Business Entity Name)

(Document Number)

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FILED
2011 OCT -5 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
OCT 6 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2903 MC 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:

Martha Hernandez
Name of Person

2903 MC LLC
Firm/Company

2700 Pinehurst Dr
Address

Weston Fl 33332
City/State and Zip Code

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

For further information concerning this matter, please call:

Jonathan Garzon at (**954**) **668-7040**
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 OCT -5 AM 10:39

2903 MC 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 06/03/2010 and assigned
Florida document number L10000059496

This amendment is submitted to amend the following:

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

N/A

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)

15901 Collins Avenue Apto 2903

Sunny Isles Beach Fl 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15901 Collins Avenue Apto 2903

Sunny Isles Beach Fl 33160

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:

15901 Collins Avenue Apto 2903

Enter Florida street address

Sunny Isles Beach

Florida

33160

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>
_____	N/A	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	N/A	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	N/A	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	N/A	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	N/A	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	N/A	_____	<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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated _____

Martha Hernandez
Signature of a member or authorized representative of a member

Martha Hernandez
Typed or printed name of signee