

L10000068003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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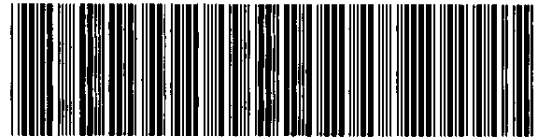
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. O'Brien AUG 10 2010

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 2127 PLUNKET 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:

**MARIO DIMILTA**  
Name of Person

**MARIO DIMILTA**  
Firm/Company

**1886 TYLER ST**  
Address

**HOLLYWOOD FL 33020**  
City/State and Zip Code

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

For further information concerning this matter, please call:

**MARIO DIMILTA** at ( **786** ) **356-4747**  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2127 PLUNKET 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 JUNE 25, 2010 and assigned Florida document number L10000068003

This amendment is submitted to amend the following:

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

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:

1886 TYLER ST

(Principal office address MUST BE A STREET ADDRESS)

HOLLYWOOD FL 33020

Enter new mailing address, if applicable:

1886 TYLER ST

(Mailing address MAY BE A POST OFFICE BOX)

HOLLYWOOD FL 33020

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:

MARIO DIMILTA

New Registered Office Address:

1886 TYLER ST

*Enter Florida street address*

HOLLYWOOD

Florida

33020

*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.*

Mario Dimilta  
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>
MGRM	ADRIAN GEIMAN	703 CAMINO GARDENS LN BOCA RATON FL 33432	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MARCELA FINGIER	703 CAMINO GARDENS LN BOCA RATON FL 33432	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MARIO DIMILTA	1886 TYLER ST HOLLYWOOD FL 33020	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SOFIA GEIMAN	1886 TYLER ST HOLLYWOOD FL 33020	<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

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

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\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

Dated AUGUST 6, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

MARIO DIMILTA  
\_\_\_\_\_  
Typed or printed name of signee