

40000099633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

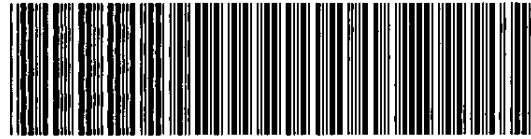
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B. KOHR

AUG 15 2011

EXAMINER



600210815536

08/12/11--01015--004 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 12 AM 10:51

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Carbonell #3307, 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:

Bruce Jay Toland, Esquire

Name of Person

Bruce Jay Toland, P.A.

Firm/Company

80 S.W. 8th Street, Suite 2805

Address

Miami, FL 33130

City/State and Zip Code

bjt@bjtlawpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruce Jay Toland, Esquire

Name of Person

at (305)

810-5957

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

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DIVISION OF CORPORATIONS
11 AUG 12 AM 10:51

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Carbonell #3307, LLC

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

FILED
SECRETARY OF STATE
11 AUG 12 AM 10:51
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9-23-10 and assigned
Florida document number L10000099633.

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: 2750 N.W. 79th Avenue
(Principal office address **MUST BE A STREET ADDRESS**) Miami, FL 33122

Enter new mailing address, if applicable: 2750 N.W. 79th Avenue
(Mailing address **MAY BE A POST OFFICE BOX**) Miami, FL 33122

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

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

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

_____	_____	_____	<input type="checkbox"/> Add
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		_____	<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, 2011.

Signature of a member or authorized representative of a member
Bruce Jay Toland

Typed or printed name of signee