

L11000066517

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TALLAHASSEE, FLORIDA

**J. BRYAN**

SEP 22 2011

**EXAMINER**

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2036 NW 153 TERR, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTHONY PHILLIPS  
Name of Person

\_\_\_\_\_  
Name of Company

9803 SW 59th ST  
Address

COOPER CITY, FLORIDA 33328  
City, State and Zip Code

tony.phil@yahoo.com  
E-mail address (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Anthony Phillips at (954) 610-7190  
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  
2601 Executive Center Circle  
Tallahassee, FL 32304

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
13 SEP 21 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2036 NW 152 TERR, 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 6/7/2011 and assigned  
Florida document number L11000066517

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 "LLC.")

Enter new principal offices address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

9803 SW 59<sup>th</sup> ST  
COOPER CITY, FLORIDA  
33328

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

9803 SW 59<sup>th</sup> ST  
COOPER CITY, FLORIDA

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:

ANTHONY PHILLIPS

New Registered Office Address:

9803 SW 59<sup>th</sup> ST  
*Enter Florida street address*  
COOPER CITY Florida 33328  
*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	RAMON GONZALEZ	1421-1 SW 107 <sup>th</sup> Ave #142 Miami, FL 33174	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DAVID FINZI	1421-1 SW 107 <sup>th</sup> Ave #142 Miami, FL 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ANTHONY PHILLIPS	9803 SW 59 <sup>th</sup> St Corporal City, FL 33328	<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

Add  
 Remove  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

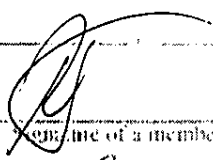
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

Dated 9/19/11



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

RAMON GONZALEZ  
 Typed or printed name of signer