

L06000031439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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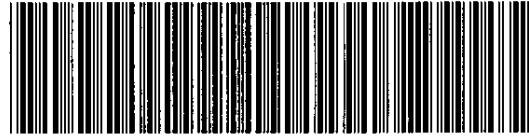
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 JUN 20 AM 10:46

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J. SAULSBERRY  
EXAMINER

JUN 22 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SEYBOLD CENTER, 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:

MINERVA VAZQUEZ BAILEY, ESQ

Name of Person

LAW OFFICES OF FRYE & ASSOCIATES, P.L.

Firm/Company

20900 W. DIXIE HIGHWAY

Address

AVENTURA, FLORIDA 33180

City/State and Zip Code

DALIANA.MANTEGAZZA@GMAIL.COM

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

For further information concerning this matter, please call:

MINERVA VAZQUEZ BAILEY, ESQ.

Name of Person

at ( 305 )

931-3200

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**SEYBOLD CENTER, 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 3/24/2006 and assigned  
Florida document number L06000031439.

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:

(Principal office address MUST BE A STREET ADDRESS)

816 NW 11TH STREET

SUITE 1-C

MIAMI, FL 33136

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

816 NW 11TH STREET

SUITE 1-C

MIAMI, FL 33136

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TALLAHASSEE, 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:

LAW OFFICES OF FRYE & ASSOCIATES, PL

New Registered Office Address:

20900 W. DIXIE HIGHWAY

*Enter Florida street address*

AVENTURA

Florida

33180

*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.*

*[Signature]*  
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	DALIANA MANTEGAZZA	2935 SEMINOLE STREET COCONUT GROVE, FL 33133	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DALIANA MANTEGAZZA, Trustee	813 NW 11TH STREET SUITE 1-C MIAMI, FL 33136	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	LEE MARKS, Trustee	813 NW 11TH STREET SUITE 1-C MIAMI, FL 33136	<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

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

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

Dated 6 / 10 / 2011

Signature of a member or authorized representative of a member

Daliana Mantegazza

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 JUN 20 AM 10:35

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