41000104941

(Requestor's Name)					
(Address)					
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



800213358908

10/20/11--01012--020 **25.00

HICT 20 M SESCRETARY OF STATE

D. BRUCE OCT 21 2011 EXAMINER

COVER LETTER

TO: • Registration Section

Division of Corporations

Tallahassee, FL 32314

SAYAN 1004 LLC SUBJECT: 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: Gregory R. Fishman Name of Person Gregory R. Fishman, PA Firm/Company 2750 NE 185 St., Ste. 302 Address Aventura, FL 33180 City/State and Zip Code greg@grfpa.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Greg Fishman 792-6945 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & **\$55.00** Filing Fee & **]\$**60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AYAN 1004 LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appear da Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	y Company were filed on	09/14/2011	and assigned
Florida document number L11000104941	·		
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the l	imited liability company her	<u>·e</u> :	·
The new name must be distinguishable and end with the vull.L.C."	words "Limited Liability Compa	any," the designation "I	or the abbreviation
Enter new principal offices address, if applicable:		٧.	AFF C
(Principal office address MUST BE A STREET AD	DRESS)		RY OF
Enter new mailing address, if applicable:			F STATE
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or represented agent and/or the new registered office a		our records, enter t	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street add	lress
		. 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 = Manag MGRM = Mar	ger naging Member		simply 6	radize to change individual from non the property solely. Type of Action
<u>Title</u>	<u>Name</u>	Address	(we uper	Type of Action
MGRM	CRISTINA LOPEZ, SILVIA	16275 COLLINS AVE., SUNNY ISLES BEACH USA		Add Remove
MGR_	CRISTINA LOPEZ, SILVIA	16275 COLLINS AVE SUNNY ISLES BEACH USA	#1004 FL 33160	Add ☐ Remove
				Add Remove
				Add Remove
				Add Remove
				Add Remove
D. If amending	g any other information, enter change(s	s) here: (Attach additional she	ets, if necessary. ALLAHASSEE, FLORIDA	FILED MOCI 20 MIN 54 SECRETARY REISTATE
Dated	October 18 , 2011			
_		authorized representative of a m		

Page 2 of 2

Filing Fee: \$25.00