LO00000013719

(Requestor's Name)
(Address)
(Address) .
••
. (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE MAR 3 0 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpo	ion prations	,		
SUBJECT: G4L	lle			
	(Name of Lim	ited Liability Company)		
		•		
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.		•
Please return all correspond	lence concerning this matter	to the following:		
•	SARA YE	fmy ashev		
.		(Name of Person)		
•	64L	KGAL PSTATE LL	<u> </u>	
		(Firm/Company)		
	2123	2 BERGEN AUENL	16	
		(Address)	2009 SE TAL	
`	Brookle	IN N.Y. 11234		4.00
		(City/State and Zib Code)	27 ARY ASSE	1
For further information con	cerning this matter, please c	all:	mon P	£ 4
\bigcirc		G17 U110- 8	176: STATE 8	h.q.#
(Name of	Person)	at (117) 790 0 (Area Code & Daytime T		
. 1	1		,	
Enclosed is a check for the	following amount:		٠	
\$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 enclose	d)
			•	,

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

641,UC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compare Florida document number <u>L00000013719</u> . This amendment is submitted to amend the following:	any were filed on 11 2 2000 and assigned ALLAHA AND AND AND AND AND AND AND
	SSRY 27
A. If amending name, enter the new name of the limited list of the line list of the line list of the line list of the line list of the list of the line list of the list of the list of the line list of the l	e. Luc
The new name must be distinguishable and end with the words "Li "L.L.C."	imited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	13210 Memorial Hwy.
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Midmi, FL 33161 2122 BERGEN WENUE BROOKLYN, N.Y. 11234
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new
SONK 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>	Address	Type of Action
M <u>6RM</u>	Orec Kany Ashav	2122 BEIGEN AVE BROOKLYN, N.Y. 11239	Add Remove
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<u></u>		`	Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	y.)
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Dated	3 26 09		
	Signature of a member	er or authorized representative of a member CEUSTRIN.	 ,
	Type	d or printed name of signee	· · · · · · · · · · · · · · · · · · ·

Page 2 of 2

Filing Fee: \$25.00