## L0200025145

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EXAMINER



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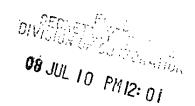
## **COVER LETTER**

	ition Section of Corporations					
SUBJECT:	Howard I	. Silverst	ein, LLC			
	-		ed Liability Comp	any)		
The enclosed Arti	cles of Amendmen	it and fee(s) are subm	utted for filing.			
Please return all c	orrespondence con	cerning this matter to	o the following:			
		Howard L	<del></del> _	ein, Esqui	re	
			(Name of Perso	n)		
			(Firm/Company	v)		
		100 North		Boulevard,	Suite	1110
		New World	(Address) Tower			
		Miami, FL	33132-2 City/State and Zip (	301 Code)		
For further inform	ation concerning th	nis matter, please cal	1:			
	Silverste	ein	at ( <u>305</u> )		373-90	91
(Name of Person)			(Area Code & Daytime Telephone Number)			
Enclosed is a chec	k for the following	gamount:				
\$25.00 Filing F	Fee □\$30.00 Cert	Filing Fee & ificate of Status	□\$55.00 Filing Certified Co (additional c		Certific	ite of Status &

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



Silverstein & Si	<u>-</u>			
(Name of the Limited (A	Liability Company Florida Limited Lia	as it now appears on ibility Company)	our records.)	_
The Articles of Organization for this Limited Li Florida document numberL020000251	ability Company w 45	vere filed on	9/25/20 <u>02</u> an	d assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liabili	ity company here:		
Howard L. Silverstein, L. The new name must be distinguishable and end wit "L.L.C."	L.Ch the words "Limite	d Liability Company,"	the designation "LLC" or	the abbreviation
Enter new principal offices address, if applications	able:	same		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE )	<u>BOX)</u>			
B. If amending the registered agent and/or the new registered of			records, enter the na	me of the new
Name of New Registered Agent:	same			
New Registered Office Address:		(Enter	Florida street address)	
		, 2mer	,	
		(City)	, Florida	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

بخبر د

<u>Title</u>	<u>Name</u>	Address	Type of Action
Manager	<u>Marc R. Silverstei</u> n	100 North Biscayne Blvd. Suite 1110, New World Tower Miami, FL 33132-2301	
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
N /A_			_
			_
	<del></del>		
<del></del>			_
Dated 7,	/8/2008	•	
_	Manol	accion	· <del></del>
	Signature of a member of	or authorized representative of a member	
-	Howard I. Typed o	Silverstein, manager rprinted name of signee	

Page 2 of 2

Filing Fee: \$25.00