## 102000035905

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:					
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)				
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	•				
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)				
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	•				
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)				
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	,				
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/7in/Phone #\				
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Otylotate/21ph Hone #)				
(Document Number) . Certified Copies Certificates of Status	PICK-UP WAIT MAIL				
(Document Number) . Certified Copies Certificates of Status					
Certified Copies Certificates of Status	(Business Entity Name)				
Certified Copies Certificates of Status					
Certified Copies Certificates of Status	(Document Number)				
	Cartificat Copies Cartificator of Status				
Special Instructions to Filing Officer:	Certified Copies Certificates of Status				
Special Instructions to Filing Officer:					
	Special Instructions to Filing Officer:				
1					

Office Use Only



500137558195

11/12/08--01049--008 \*\*60.00

OB NOV 12 M II: OE SECRETARY OF STATE ALLAHASSEE FLORINA

D. BRUCE

NOV 1 3 2008

**EXAMINER** 

## **COVER LETTER**

Division of Corp				
SUBJECT: 31	40, LLC (Name of Lim			
	(Name of Lim	ited Liability Company)		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	DAWN S	STEINBER G (Name of Person)		
		(Name of Person)		
	3140	LLC		
		(Firm/Company)		
	2416	North Atlantic Bo	ulevard	
		(Address)	SE	8
	Fort!	Lauderdale, Fla.	3330€E	<b>₩</b> ¬¬
		(City/State and Zip Code)	NSS.	12
For further information cor	ncerning this matter, please c	(Name of Person)  P. LLC (Firm/Company)  North Atlantic Bo (Address)  Lauderdale, Fla. (City/State and Zip Code)  all:  at (786)367-5486 (Area Code & Daytime Telep	OF ST. E, FLO	<b>≅</b> □
DAWN STE	INBERG	at (786) 367 - 548 (Area Code & Daytime Telep	2 電話	000
(Name of	Person)	(Area Code & Daytime Telep	ohone Number)	CO
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	Certificate of Status	□\$55.00 Filing Fee & . 5 Certified Copy (additional copy is enclosed)	2\$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is	
Registrat	NG ADDRESS:	STREET/COURIER AD Registration Section	DDRESS:	

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3140	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					
A. If amending name, enter the new name of the limite	ed liability company here:				
	s "Limited Liability Company," the designation "LLC" or the abbreviation				
"L.L.C."	OSE SE				
Enter new principal offices address, if applicable:	<b>&amp;</b>				
(Principal office address MUST BE A STREET ADDRE					
	SE Z Z				
Enter new mailing address, if applicable:	LOGA A 18				
(Mailing address MAY BE A POST OFFICE BOX)	Şm o				
100 100 100 100 100 100 100 100 100 100					
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses.	red office address on our records, <u>enter the name of the new</u> ess here:				
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.

	the Managers or Managing Members g Member being added or removed from	on our records, <u>enter the title, name, and</u> n <u>our records</u> :	l address of each Manage
MGR = Ma MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
M <u>GRM</u>	ANDREW STEINBERG	2416 North Atlantic B Fort Lauderdale, Fla. 3	onlevard Add 3305 PRemove
	***************************************		Add Remove
<del></del>	A. S. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Add Remove
<del></del>	<del></del>		Add Remove
<del> </del>			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if neces	
			FIL 08 MOV 12 SECRETARY ALL MIASSEE
  Dated	11/3 , 20	08.	ILED 12 MII: 08 15 STATE EE, FLORDA
	Signature of a member	rember of a member	10 h C + 10 m C + 10
	DAWN.	STEINBERG	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00