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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

JAN 2 0 2009

**EXAMINER** 

## **COVER LETTER**

Division of Cor	-		
suвјест: <u>Marilu L</u>	(Name of Lim	ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Diana Golinsky		
		(Name of Person)	
		(Firm/Company)	
	18181 NE 31 ct. # 2609	(Address)	<del></del>
	Aventura Fl 33160		
		(City/State and Zip Code)	
For further information of	concerning this matter, please of	call:	
Alfredo Yaffe	CID .	at ( 786 ) 262 1000 (Area Code & Daytime Telephone Number)	
(Name	of Person)	(Area Code & Daytime 1	elephone Number)
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	Sanda Status Sanda Sanda Status	□\$55.00 Filing Fee & Certified Copy (additional copy) is enclosed)	□\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	STREET/COURIER Registration Section	ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marilu, Ll		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our red a Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	Company were filed on 11/13/02	and assigned
Florida document number L02000030367		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Company," the desi	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		SE 09
(Principal office address MUST BE A STREET A	DRESS)	JAN
	<del></del>	16 76 76 TO THE TOTAL PROPERTY OF THE TOTAL
Enter new mailing address, if applicable:		ORPORALI.
(Mailing address MAY BE A POST OFFICE BOX)		5 TIO
B. If amending the registered agent and/or reg		s, enter the name of the new
registered agent and/or the new registered office ac	<u>ldress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida	street address)
		lorida
	(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 Type of Action **Address** Name **Title** MGR Lucas Nasim 18181 NE 31 ct. # 2609 Remove Aventura FI 33160 Maria Sol Nasim MGR 18181 NE 31 ct. # 2609 Aventura FL33160 Remove 🗖 Add Remove Remove ☐ Add 🗂 Remove 09 JAN 16 AM 11: 57 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated November 25 Signature of member or authorized representative of a member

Diana Golinsky