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D. BRUCE FEB 11 2010

EXAMINER

COVER LETTER

TO:	Registration Sect Division of Corpo						
SUBJ	FCT•	FORE	NSIC DESIGN				
эсы			ited Liability Company				
The er	nclosed Articles of Ar	nendment and fee(s) are sul	bmitted for filing.				
Please	return all correspond	ence concerning this matter	to the following:				
			DAVID SHEINGOLD				
			Name of Person		_		
	FORENSIC DESIGN						
	Firm/Company				_		
	12420 SW 75 AVENUE						
			Address		- <u>></u>	=	
			MIAMI/FL 33156		100 And 100	33.0	-77
City/State and Zip Code				TAR IASS	EB 10		
	SUNBIZ@FORENSICDESIGN.NET E-mail address: (to be used for future annual report notification)				133) PH	m
For fu	ther information con-	erning this matter, please c	•	1 nouncation)	FLOR FLOR	$\ddot{\omega}$	J
		······································			ADA	32	
		SHEINGOLD	at (305)	283-3541			
	Name of Po	erson	Area Code & L	Paytime Telephone Numbe	er		
Enclos	ed is a check for the	following amount:					
₹ \$25	5.00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certified	ate of Stat		osed)

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

· FORENSIO			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	2 / 07 / 2003	and assigned
Florida document numberL0300004691			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
HOLLOW GF			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compa	any," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:		L c	, , , , , , , , , , , , , , , , , , ,
(Principal office address MUST BE A STREET ADDRESS)	18021 BISCA	AYNE BLVD #603	<u> </u>
	AVENTURA,	FLORIDA 3316	3 m
Enter new mailing address, if applicable:		C ORI	?: □
(Mailing address MAY BE A POST OFFICE BOX)	18021 BISCA	AYNE BLVD #608	~
	AVENTURA,	FLORIDA 33160	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter the</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street addre	ss
		Florida	
	City	, Florida	Zin Coda

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 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						
Title .	<u>Name</u>	Address	Type of Action			
			Add			
			Remove			
			☐ Add			
			Remove			
			□ Add			
			Remove			
			Add			
			Remove			
			Add			
			Damaya			
			Add			
			Remove			
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	ry.)			
_			10 FEB			
_			B 10 ASSEE			
			To see in			
			35 S			
 Dated	FEBRUARY 7th 20	010 <u> </u>				
		Sheingold				
		er or authorized representative of a member				
		/ID A. SHEINGOLD				
		d or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00