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**EXAMINER** 



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07/30/10--01012--014 \*\*30.00

SECRETARY OF SIMPLANT ALLAHASESE. FLORIDA

10 JUL 30 PM 3: L

## **COVER LETTER**

TO:

**Registration Section** 

Divisio	n of Corporations		•
SUBJECT:	AMES F	PARTNERS LLC	
	Name of Lin	nited Liability Company	
The enclosed Ar	ticles of Amendment and fee(s) are su	ubmitted for filing.	
Please return all	correspondence concerning this matte	er to the following:	
		ERVIN MENDEL	
•		Name of Person	
	A	MES PARTNERS LLC	, ,
	**************************************	Firm/Company	
	1180 E HAI	LLANDALE BEACH BLV	) STE'A
		Address	
	HALL	ANDALE BEACH, FL 330	009
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	- EAME	NDEL@BELLSOUTH.NE	ΞΤ
	E-mail address:	(to be used for future annual report n	otification)
For further infor	mation concerning this matter, please	call:	
	ERVIN MENDEL	at ( 954 )	4570258
	Name of Person	Area Code & Day	vtime Telephone Number
		•	
Furthern in a sh		·	
\$25.00 Filing	g Fee \$\sum \\$30.00 \text{ Filing Fee & Certificate of Status}	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Osed) Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COI Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations g c Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. AMES F	PARTNERS LLC			
(Name of the Limited Liability (A Florida Li	Company as it now appe mited Liability Company	ars on our records.) )		
The Articles of Organization for this Limited Liability Co	mpany were filed on	24/07/2003	and assigned	
Florida document number L03000012491	_•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company h	ere:		
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Com	pany," the designation '	'LLC" or the abbreviatio	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	ESS)			
			H 30	
	. •		7.7 -<	
Enter new mailing address, if applicable:			to b M	
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·			
o.				
B. If amending the registered agent and/or registered agent and/or the new registered office address		our records, enter	the name of the nev	
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 **Type of Action Title Name Address** MGR EDITH MENDEL 1180 E HALLANDALE BEACH BLVD **✓** Add Remove HALLANDALE BEACH, FL 33009 Remove ☐ Add Remove Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member **ERVIN A MENDEL** 

Page 2 of 2

Typed or printed name of signee.

Filing Fee: \$25.00