

103000030517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
JUL 09 2012  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Everglades Holdings LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Micheal Sperling

Name of Person

Everglades Holdings LLC

Firm/Company

19430 Ambassador Court

Address

North Miami Beach FL 33179

City/State and Zip Code

MBSperling@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Sperling

Name of Person

at ( 917 )

640-5125

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 JUL - 6 PM 12:42

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Everglades Holdings 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 08/15/2003 and assigned  
Florida document number L03000030517.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

19430 Ambassador Court

North Miami Beach FL 33179

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

19430 Ambassador Court

North Miami Beach FL 33179

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Michael Sperling

New Registered Office Address:

19430 Ambassador Court

*Enter Florida street address*

North Miami Beach

Florida

33179

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Osvaldo Vento	6991 SW 8th Street Miami FL 33144	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Michael Sperling	19430 Ambassador Court Miami Beach FL 33179	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12 JUL - 6 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated July 3, 2012

Michael Sperling NICE PRESIDENT OF MANAGER  
Signature of a member or authorized representative of a member

Michael Sperling  
Typed or printed name of signee