# L04000047621

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. (0	City/State/Zip/Phone #)				
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T. HAMPTON
SEP 1 1 2009

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT:	Schneider And Sons, LLC Name of Limited Liability Company					
The enclosed Articles of An	nendment and fee(s) are submitted for filing.					
Please return all correspond	ence concerning this matter to the following:					
	Dieter M. Schneider Name of Person					
	A Tri County Commercial Firm/Company					
:	310 W Hallandale Beach Blud Address					
	Hallandale, FL 33009 City/State and Zip Code					
	E-mail address: (to be used for future annual report notification)					
For further information con	cerning this matter, please call:					
Dieter Name of P	M. Schneider at (954) 415-6987  Area Code & Daytime Telephone Number					
Enclosed is a check for the	following amount:					
日\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

~ **OF** 

Schneider An	ed Sons	,660		
(Name of the Limited Liability Com (A Florida Limited	pany as it now app d Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability Compa	ny were filed on _	6/24/2004	and assign	ned
Florida document number <u>L04000047621</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company l	<u>iere</u> :		
The new name must be distinguishable and end with the words "Li",L.C."	imited Liability Con	npany," the designation "LL	C" or the abb	reviatio
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	<del></del>			
	**************************************		<u> </u>	- <u>Ss</u> -
			SEP	SICR
Enter new mailing address, if applicable:		A Section Control		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			2	- <del>2</del> 25
		<u>.</u>		<del>- 25</del> 2
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on nere:	n our records, <u>enter the</u>	e name af	the Tie
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida	7: 0 1	
	City		Zip Coae	
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>			
I hereby accept the appointment as registered agent and a the provisions of all statutes relative to the proper and con	igree to act in this molete performan	s capacity. I further agre	e to comply 1 familiar и	, with vith and

If Changing Registered Agent, Signature of New Registered Agent

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							
<u>Title</u>	Name	Address	Type of Action				
MGA	Franz Schneider	3900 NW. 7846 Lane Hollywood, FL 33024	Add Remove				
MGR	Danielt Acosta	13 Rich Lone Corthandt Manor, NY 1050	Add 67 Remove				
<del>.</del>			Add Remove				
:			Add Remove				
<u></u>			Add Remove				
			Add Remove				
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.,	SECRETARY OF STATE DIVISION OF CORPORATIONS  09 SEP 10 AMII: 08				
Dated	, 20	<u>09</u> .	<i>3</i> .				
		er or authorized representative of a member  Schneider  d or printed name of signee					

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Filing Fee: \$25.00