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D. BRUCE

MAY - 4 2010

EXAMINER

COVER LETTER

TO:

Registration Section

Division o	of Corporations				
SUBJECT:	425 No	rth Federal, LLC			
		nited Liability Company			
The enclosed Artic	les of Amendment and fee(s) are so	ubmitted for filing.			
Please return all co	rrespondence concerning this matte	er to the following:			
		Elizabeth Beck Name of Person			
		Name of Ferson			
	425 North Federal, LLC Firm/Company				
		r in a Company			
	42	5 North Federal Highway			
		Address			
	H	allandale, Florida 33009	- Anny		
	h	City/State and Zip Code	EM 3		
	E-mail address:	etsy.beck@lchusa.com (to be used for future annual report notification)			
For further informa	ation concerning this matter, please	call:	SSEE.		
	Elizabeth Beck	at (954) 922-60	070 F.S.		
,	Name of Person	Area Code & Daytime Telepho	ne Number 25 25		
Enclosed is a check	k for the following amount:				
▼ \$25.00 Filing F	ee \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & State Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
F I F	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Γallahassee, FL 32314	STREET/COURIER ADI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	425 North Federa	al, LLC				
(<u>Name of the I</u>	Limited Liability Company as it (A Florida Limited Liability	: now appe Company	ears on our rec	ords.)		
The Articles of Organization for this Lin	nited Liability Company were f	filed on _	November	2, 2004 a	nd assign	ned
Florida document numberL040	00079468					
This amendment is submitted to amend t	he following:					
A. If amending name, enter the new n	ame of the limited liability co	mpany h	<u>ere</u> :			
The new name must be distinguishable and "L.L.C."	end with the words "Limited Lia	bility Com	pany," the desi	gnation "LLC" o	r the abb	reviatio
Enter new principal offices address, if	applicable:	· · · · · · · · · · · · · · · · · · ·				
(<u>Principal office address MUST BE A S</u>	TREET ADDRESS)		<u> </u>		9 33	
			<u> </u>	<u> </u>	<u> </u>	77
Enter new mailing address, if applicab	·le:			ARY ISSEE	-3	
(Mailing address MAY BE A POST OF	FICE BOX)			1,0 1,0	РH	П
		<u></u> _		ORID.	6 <u>6</u>	
B. If amending the registered agent		ldress on	our records.	, enter the na		he nev
egister an agent and or the new register	red office address here.					
Name of New Registered Agen	t:					
New Registered Office Address	:			,		
		E	inter Florida s	treet address		
			, Flo	orida		
	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

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action				
MGR_	Louis Birdman	425 North Federal Hwy Hallandale, FL 33009	Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
		F	Add Romove				
D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary);	LED -3 PH 2: 59				
Dated	April 29 , 201	0					
-	Signature of a member o	r authorized representative of a member					
Harris Friedman, Manager Typed or printed name of signee							

Page 2 of 2

Filing Fee: \$25.00