L05000023277							
(Requestor's Name) (Address) (Address)	0./23./0301022003 **25.00						
(City/State/Zip/Phone #)							
(Business Entity Name)	ALLAHASSE						
(Document Number)							
Special Instructions to Filing Officer: A. LUNT OCT 30 2009 EXAMINER							

Office Use Only

,		COVER LETTER		
TO: Registration S Division of Co	Section Sections			
SUBJECT:	CIBA H	OLDINGS, LLC		
		ited Liability Company	<u></u>	
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	pondence concerning this matter	to the following:		
		Robert Arena		
		Name of Person		
3400 Galt Ocean Drive, 2109S			2000 FALL	
		Address		FIL 2009 OCT 29 SECRETARY ALLAHASSEE
	Ft	Lauderdale, FL 33308		T2S
		City/State and Zip Code		29 PA
	E-mail address: (Boba617@aol.com to be used for future annual report no	tification)	FLORE C
For further information	concerning this matter, please of	call:		
	Robert Arena	at (_954_)	298-2483	<u></u>
Name	of Person	Area Code & Dayi	ime Telephone Number	
Enclosed is a check for	the following amount:			
 ∑ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) Certified C	of Status &
Regi: Divis	LING ADDRESS: stration Section sion of Corporations	Registration Sec Division of Corp	porations	
	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Tallahassee, FL	Center Circle . 32301	
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF CIBA 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 _____ March, 8. 2005 and assigned L05000023277 Florida document number _ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited llability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Dr. 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: New Registered Office Address: Enter Florida street address

i,

City New Registered Agent's Signature, if changing Registered Agent:

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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

. Florida

Zip Code

Page 1 of 2

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:

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MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	Type of Action			
MGRM	Itene Arena	3750 GALT OCEAN DRIVE, 1201 FORT LAUDERDALE FL 33308	Add Z Remove			
MGRM	Robert Arena	3400 GALT OCEAN DRIVE, #2109S FORT LAUDERDALE FL 33308	Add Remove			
	<u> </u>					
			Srfi I Add Remove			
			Add Remove			
D. If amendir	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_			
						
Dated	September 200	Alerena				
Signature of a member or authorized representative of a member Robert Arena						
Typed or printed name of signee Page 2 of 2						
		1 age 2 01 2				

Filing Fee: \$25.00