

Division of Corporations

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LD5000042857

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : STROOCK & STROOCK & LAVAN
Account Number : 0721000000020
Phone : (305) 358-9900
Fax Number : (305) 789-9302

2009 MAY 11 AM 10:50
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILE **LC AMND/RESTATE/CORRECT OR M/MG RESIGN**
FLOATING INTEREST LLC

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C. LEWIS

MAY 12 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLOATING INTEREST 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:

JONATHAN Z. KURRY

Name of Person

FLOATING INTEREST LLC

Firm/Company

123 SE 3RD AVENUE, SUITE 133

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

JKURRY@STROOCK.COM

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

For further information concerning this matter, please call:

JONATHAN Z. KURRY

Name of Person

at (305)

358-9900

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

H090001190453

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

FILED
2009 MAY 11 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLOATING INTEREST 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 4/29/2005 and assigned
Florida document number L05 000042857.

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: 123 SE 3RD AVENUE, SUITE 133
MIAMI, FLORIDA 33131
(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable: 123 SE 3RD AVENUE, SUITE 133
MIAMI, FLORIDA 33131
(Mailing address **MAY BE A POST OFFICE BOX**)

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

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

Title	Name	Address	Type of Action
			<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
			<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.)*

Dated MAY 11

2009

Signature of a member or authorized representative of a member

JONATHAN Z. KURRY

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA