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T. CLINE
MAR 2 1 2011

EXAMINER

## **COVER LETTER**

**Registration Section** 

TO:

Division of Co	rporations			
SUBJECT:	Munch Far	nily Holdings, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
	Mi	chael N. De Biase, Es	eq.	
	B	ecker & Poliakoff, P.A		
		Firm/Company		
		3111 Stirling Rd.		
		Address		≓ N3
	Fo	rt Lauderdale, FL 333 City/State and Zip Code	12	OIT N
	mdebi	ase@becker-poliakoff	f.com	2011 MAR 18 AM C SECRETARY OF SI ALLAHASSEE. FLO
		to be used for future annual rep	ort notification)	111
For further information	concerning this matter, please	call;		AMD W
	I N. De Biase, Esq.	at ( 954 )	985-4145  Daytime Telephone Number	
Name	or reison	7	, <b></b> ,	
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 e	enclosed) Certified	te of Status &
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	Registratio Division of Clifton Bui 2661 Exect	f Corporations	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mu	nch Family I	Holdings, LLC			
( <u>Name of the Limited</u> (A	Liability Compar Florida Limited L	iy as it now appears iability Company)	on our records.)		
The Articles of Organization for this Limited L	iability Company	were filed on	June 1, 2005	and assign	ıed
Florida document numberL05000053	3912 . ~				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	at is submitted to amend the following:  In number				
The new name must be distinguishable and end wi "L.L.C."	th the words "Limit	ted Liability Compan	y," the designation "l	LC" or the abb	reviation
Enter new principal offices address, if applic	able:				··-··
(Principal office address MUST BE A STREE	T ADDRESS)			28 TAIS	
	1			CC 7	- po
				HAS	
Enter new mailing address, if applicable:		P.O. Box 232		SE CO	
(Mailing address MAY BE A POST OFFICE	BOX)	LaBelle, Florid	a 33975	7 A	<u> </u>
					<u> </u>
				-	
			r records, enter	the name of t	he nev
Name of New Registered Agent:	Michael N. I	De Biase, Esq.			<del></del>
New Registered Office Address:	3111 Stirling				
	Enter Florida street address				
	For	t Lauderdale	, 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

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:

<u>Title</u>	Managing Member <u>Name</u>	<u>Address</u>	Type of Action
<u>i itie</u>	Name	Address	Type of Action
			Add
	*****		
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			A SE A A REMOVE
			HAS
			Add M
			Reference
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			· · · · · · · · · · · · · · · · · · ·
D. If amer	nding any other information, en	ter change(s) here: (Attach additional shee	ets, if necessary.)
_			
		and the second s	<u> </u>
_			
_			
Dated	Warch 14	, <u>2011</u> .	
<u></u>	1.100	·	
	Signature o	f a member or authorized representative of a me	ember

Page 2 of 2

Filing Fee: \$25.00