L05000070899

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(Document Number)					
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11/29/10--01018--021 **25.00

FILED 10 NOV 25 PH 3: 57 SECRETARY OF STATE SECRETARY OF STATE



NOV 3 0 2010 EXAMINER

COVER LETTER

TO: -Registration Section **Division of Corporations** PŎ SUBJECT: 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:



For further information concerning this matter, please call:

at (561) 998.0904 Area Code & Daytime Telephone Number Keyben Name of Person

Enclosed is a check for the following amount:

\$25.00 Filing Fee

Solution 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

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ARTICLES OF AMENDMENT
ARTICLES OF ORGANIZATION
OF
(Name of the Limited Liebility Company as it now appears on our records)
(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 $\frac{7/19/2005}{19/2005}$ and assigned to Florida document number $\underline{L0500007099}$
Florida document number <u>L050000 4099</u>
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 abbreviatio "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)
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
City City Zip Code
New Registered Agent's Signature, if changing Registered Agent:
I have by account the approximate as registered except and except to get in this experite. I further serve the
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 nonistaned agant as provided for in Chapter 609. ES On if this document is

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

ľ.

Title	Name	Address	Type of Action		
<u>MGR</u> M	Reuben Alcalay	7800 Congress Ave St. 206 Baca Bath FL 334/87	Add Remove		
<u> </u>	<u> </u>		Add Remove		
			Add Remove		
D. If amending	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	IN NOV 25 PH 3: 51		
Dated 11/26	D = (1, 2010)				
	Signature of a member of	authorized representative of a member $\mathcal{M}_{\mathcal{L}}\mathcal{P}_{\mathcal{M}}$			
Typed of printed name of signee					
Page 2 of 2					

Filing Fee: \$25.00