L05000099968

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
Special Instructions to Filing C	Officer:
	NOV - 4 2013
	A. LUNT

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COVER LETTER

Division of Corp	orations				
SUBJECT: DORI	Y IMPORT EX Name of Limit	POFI LLC ed Liability Company			٠
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.			
Please return all correspon-	dence concerning this matter	to the following:			
		BREMAN Name of Person TMONOT SY 20 BT 1			
	DORLY J	MORT EXPORT L			
	19601 E. Cohn	Iny club DR #507 Address		2013 OCT 31 PM 1: 84	* er.
	AVENTURA	City/State and Zip Code PHOTMAIL COM be used for future annual report notificati		ASSET SET	
	SHAWN FLI	PHOTMAIL COM.	•		
For further information co	E-mail address: (to		on)	et e	
SHRAGA	BMENAN	at (<u>786)</u> \$53 50 85 Area Code & Daytime Te	5		
Name of	Person	Area Code & Daytime Te	lephone Number		
Enclosed is a check for the	e 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 Certificate o Certified Co (additional o	of Status &)

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION The Articles of Organization for this Limited Liability Company were filed on _ and assigned Florida document number <u>L 05000</u> 99968 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: (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:

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

Name of New Registered Agent:

New Registered Office Address:

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.

Enter Florida street address

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

<u>Title</u>	<u>Name</u>	Address 1	ype of Action
MGRM	BRIEMAN ROY	19601 E. COUNTRY CLUB DR 507	Add
		19601 E. COUNTRY CLUB DR 507 AVENTURA FL 33180	Remove
		>1 >≠ ;- € 10 (4)	- Add
		All ASSET F JUNE	Remove
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10/.14/ 2013				
Brien			<u>e-></u>	
Signature BAEHA	of a member of authorized representative of a membe	r <u>f</u> f]]]]	model *Copiesa.
DAILMA	Typed or printed name of signee	<u> </u>	<u>ျာ</u>	
	Page 3 of 3	(32 4 27	*****	2 7 7 7 4
	Filing Fee: \$25.00	i ja	TE T	
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