## 208801000001

| (Re                     | equestor's Name)  |             |
|-------------------------|-------------------|-------------|
| . (Ad                   | idress)           |             |
| (Ad                     | ldress)           |             |
| (Cit                    | ty/State/Zip/Phon | e #)        |
| PICK-UP                 | WAIT              | MAIL        |
| (Bu                     | siness Entity Nar | ne)         |
| (Do                     | ocument Number)   |             |
| ertified Copies         | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   | •           |
|                         | ,                 |             |

Office Use Only

G. MCLEOD

JUL 15 2009

**EXAMINER** 



300157995693

07/10/09--01014--004 \*\*25.00

bol.

SECRETARY OF BEING OF STREET AND BEING OF STRE

## **COVER LETTER**

| SUBJECT:  | 900 Bisc                                      | ayne 602 LLC.  | <u>.</u>  |  |  |  |  |  |
|---|---|--|---|--|--|--|--|--|
| Name of Limited Liability Company                                       |   |  |   |  |  |  |  |  |
|   |   |  |   |  |  |  |  |  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |   |  |   |  |  |  |  |  |
| Please return all correspon   | ndence concerning this matter                 | to the following:  |   |  |  |  |  |  |
|   |   |  |   |  |  |  |  |  |
|   |   | ·  |   |  |  |  |  |  |
|   |   | Name of Person   |   |  |  |  |  |  |
| 900 Biscayne 602 LLC.   |   |  |   |  |  |  |  |  |
|   |   | Firm/Company   |   |  |  |  |  |  |
|   | 676   | 7 Collins Ave Suite 705  | <u></u>   |  |  |  |  |  |
|   |   | Address  |   |  |  |  |  |  |
|   | M   | iami Beach FL. 33141   |   |  |  |  |  |  |
|   | •   | City/State and Zip Code  |   |  |  |  |  |  |
|   | eloym<br>E-mail address: (1                   | ontemayor@hotmail.com to be used for future annual report notification | tion)   |  |  |  |  |  |
| For further information co  | oncerning this matter, please c               | ·  |   |  |  |  |  |  |
|   | , r   |  |   |  |  |  |  |  |
| Eloy<br>Name of   | Montemayor                                    | at ( 305 ) 76  | 64-6664   |  |  |  |  |  |
| Name of   | i eison                                       | Alea code & Daytille 1   | ereprone rumber   |  |  |  |  |  |
| Enclosed is a check for th  | e following amount:                           |  |   |  |  |  |  |  |
| \$25.00 Filing Fee  | \$30.00 Filing Fee &<br>Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed)       | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |  |  |  |

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

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 OF

| 900 Bisca  | ayne 602 LLC.                                      |                            |                         |
|--|--|----------------------------|-------------------------|
| (Name of the Limited Liability Co<br>(A Florida Limi   | ompany as it now appear<br>ited Liability Company) | s on our records.)         |                         |
| The Articles of Organization for this Limited Liability Com  | pany were filed on                                 | 11-09-2005                 | and assigned            |
| Florida document numberL05000108800  |  |                            |                         |
| This amendment is submitted to amend the following:  |  |                            |                         |
| A. If amending name, enter the new name of the limited   | l liability company her                            | <u>e</u> :                 |                         |
| The new name must be distinguishable and end with the words "L.L.C."   | Limited Liability Compa                            | ny," the designation "L    | LC" or the abbreviation |
| Enter new principal offices address, if applicable:  |  |                            | 99.                     |
| (Principal office address MUST BE A STREET ADDRES  | <u>(S)</u>   |                            |                         |
|  |  |                            |                         |
| Enter new mailing address, if applicable:  |  |                            | A                       |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                            | <del>-</del> -          |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address | ed office address on o<br>s here:                  | ur records, <u>enter t</u> | he name of the nev      |
| Name of New Registered Agent:  |  |                            |                         |
| New Registered Office Address:   | Ent  | ter Florida street addi    | ress                    |
|  |  | , 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 of Managing Member being added or removed from our records:

| MGR =<br>MGRM | Manager = Managing Member      |   |                |
|---------------|--------------------------------|---|----------------|
| <u>Title</u>  | <u>Name</u>                    | Address   | Type of Action |
|               |                                |   | Add<br>Remove  |
|               |                                |   | Add            |
|               |                                |   | Add<br>Remove  |
|               |                                |   | Add Remove     |
|               |                                |   | Add<br>Remove  |
| <del></del>   | -                              |   | Add<br>Remove  |
| D. If an      |                                | ge(s) here: (Attach additional sheets, if necessary.)                               | ina            |
|               | and Telecommunication Products | engage in Import and Export of Merchandi  | _              |
|               | ,                              |   |                |
| Dated         | July 8th , 20                  | 009   | _              |
|               |                                | or or authorized representative of a member  How TEMMYOR  To printed name of signee |                |

Page 2 of 2

Filing Fee: \$25.00