Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000249032 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE

Account Number : I2000000146

: (305)444-4994

Phone Fax Number

: (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

D	Address:	
Emall	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INTERNATIONAL FAMILY OFFICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

C. LEWIS

DEC 12009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2009 NOV 30 AM @: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA

International Family Offi	(PS LLC	ur records.)		
Name of the Limited Liability Compar (A Florida Limited L	lability Company)			
The Articles of Organization for this Limited Liability Company	were filed on DI 10	and assigned		
Florida document number 1.060000 35 21				
1 to the no so that the so of the sound of t				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	lity company here:			
•				
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," t	he designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
•				
•				
Enter new mailing address, if applicable:				
(Malling address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address hore		scords, enter the name of the new		
Name of New Registered Agent:				
<u></u>	<u></u>			
New Registered Office Address:	Registered Office Address: (Enter Florida street address)			
	(44,00) 1			
	(Clty)	, Florida(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent:	(011)	(
SALL SANDARD AND VINCTOR DESIGNATION OF PROPERTY ASSESSMENT				

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 Rogistered Agent, Signature of New Registered Agent)

MGR = Manager

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:

	Name	Address	Type of Action
IGR.	Dliver Oberhauser	499 Brickell Avenue, Si Higmi, FL 83131	Add Remove
	<u></u>		Add Remove
	MANAGEMENT N. C.		Add. Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
	<u> </u>		Add Remove
			essarv.)
If amen	iling any other information, enter cha	nge(s) nere: (Attion administra sheets, y need	
If amen	ling any other information, enter cha	nge(s) nero: (America adameria sneets, y nee	
If amend	ling any other information, enter cha	nge(s) nerv: (America adamorus sneets, y neet	2009 NOV 3 SECRETI
If amend	ahlas 63	ber or authorized representative of a member	

Filing Fee: \$25.00