## LOCOOO 012267

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S. HAWKES

SEP I 5.2010

EXAMINER

## **COVER LETTER**

Division of C	orporations			
SUBJECT:	HOLLYWOOD Name of Lim	VIII.AGE I.I.C. ited Liability Company	· <del>-</del> ····	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
	Ale	Alexandra J. Sanchez, Esq.		
	Se	rber & Associates, P.A. Firm/Company	<u></u>	
	2875	N.E. 191 Street, Suite 801		
		Address		
	<u></u>	Aventura, FL 33180		
		City/State and Zip Code		
		to be used for future annual report noti	fication)	
For further information	concerning this matter, please	call:		
	Ira J. Sanchez, Esq.	at ( 305 )	932-6262 ne Telephone Number	
1101110	. Of Telson	Area code & Daytin	ne retephone (vulnoe)	
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 enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Control Tallahassee, FL 32	on rations enter Circle	

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. TO: ` Registration Section

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOLLYW	<u>/OOD VILLAGE, L.L.</u>	<u>C.                                      </u>	1887
( <u>Name of the Limited Liabil</u> (A Florid	Ity Company as it now appear a Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL06000012267		02/02/2006	and assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the li		<u>e</u> :	188 T
The new name must be distinguishable and end with the v	uands "Limited Liability Compa	ny " the decimation "I	dre or the obreviation
"L.L.C."	words Limited Liability Compa	my, the designation L	in Riversianon
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:			
	Enter Florida street address		
_		, 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

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

**Title Name** <u>Address</u> Type of Action MGR' Salomon Sutton c/o 2875 NE 191 Street #801 ✓ Add Remove Aventura FL 33180 MGRM G.A. Florida, LLC 20900 NE 30TH AVENUE **✓** Add **AVENTURA FL 33180** Remove Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Sept-10 2010 Dated Signature of a member orized representative of a member Salomon Sutton. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00