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EXAMINER

05/26/11--01025--019 **30.00

11 MAY 26 AM 8:58

SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

Division of Co	orporations					
SUBJECT:		&G LLC ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.				
Please return all corresp	condence concerning this matter	to the following:				
		Brigitte Lina	<u> </u>			
		Name of Person				
	Firm/Company					
	3131 NE 188TH #2-1201 Address					
	Δ	VENTURA -FL 33180				
		City/State and Zip Code				
	E-mail address: (gittelina@hotmail.com to be used for future annual report not	ification)			
For further information	concerning this matter, please of	all:				
	Brigitte Lina	at (786_)	267.7320 me Telephone Number			
Nume	01 1 613011	Aca couc a Dayin	ne releptione Nutrices			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	Section 1 Section 2 Sectio			
	LING ADDRESS:	STREET/COUR Registration Secti	NER ADDRESS:			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THEO
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 MAY 26 AM II: 56

A&G			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	04/13/2006	and assigned
Florida document numberL06000038768			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :	
BRIGITTE LINA I	LOMBARI LLC		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	any," the designation "I	LC" or the abbreviatio
Enter new principal offices address, if applicable:	3131 NE 18	BTH ST #2-1201	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)	AVENTURA	-FL 33180	
			
Enter new mailing address, if applicable:	3131 NE 188	3TH ST #2-1201	
(Mailing address MAY BE A POST OFFICE BOX)	AVENTURA	-FL 33180	
			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter t	he name of the nev
registered agent and/or the new registered office address ner	<u>c</u> .		
Name of New Registered Agent:			
New Registered Office Address:	r	nter Florida street add	
	Ŀ	nier rioriaa street add	ress
	Cin	, Florida	Zip Code
	City		zip Coae

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, 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	Type of Action		
MGR	Brigitte Lina	3131 NE 188th St -AVENTURA FL 33180	Add Remove		
MGR_	Patrick Lellouche	7000 ISland Bl #1705 Aventura FL 33160	Add Remove		
			Add Remove		
	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE SECRETARY OF CORPORATIONS 11 MAY 26 AM N S6		
	Signature of a men	upber of authorized representative of a member	15AN		

Page 2 of 2

Filing Fee: \$25.00