

LO6000044368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

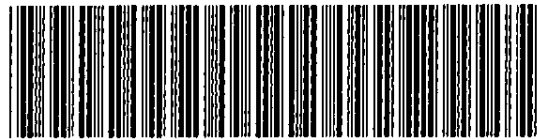
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 NOV -2 AM 11:07
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. BOSTICK
NOV 2 - 2011
EXAMINER

LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. OFFICE 1005 LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time 2.00 Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

OTHER FILINGS

- Annual Report
- Fictitious Name

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Examiner's Initials

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Office 605 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09-06-2006 and assigned

Florida document number ~~106000044368~~
L06000044368

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)

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STATE
TALLAHASSEE, FLORIDA

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:

Name of New Registered Agent: _____

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

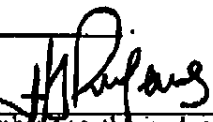
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>mgr</u>	<u>Testoni, Marcelo F</u>	<u>7660 Sw 83 Court</u> <u>Miami-Fl 33143</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>mgrm</u>	<u>Cattaneo, Angel Carlos</u>	<u>7660 Sw 83 Court</u> <u>Miami-Fl 33143</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>mgrm</u>	<u>Vergara, Hernan</u>	<u>16500 Collins Avenue #1651</u> <u>Sunny Isles-Fl 33160</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>mgm</u>	<u>Vergara, Hernan</u>	<u>16500 Collins Avenue #1651</u> <u>Sunny Isles-Fl 33160</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



 Signature of a member or authorized representative of a member
Hernan Vergara

 Typed or printed name of signee