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T. HAMPTON FEB - 1 2010 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Sheila Dwelich Cohen Name of Person	
Sheila Deselich Cohen Name of Person Attorney at Law Firm/Company	
1051 Wingate Drive	
Delaware, OH 43015 City/State and Zip Code	
E-mail address: (to be used for figure annual report hotification)	
For further information concerning this matter, please call:	
Shell W Coher at (140) 911 - 5155 Name of Person at (140) 911 - 5155 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

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

SECRETARY OF STATE IVISION OF CORPORATION

A. If amending name, enter the new name of the limited liability company here:

"L.L.C."	
Enter new principal offices address, if applicable:	100 South Bedford Rd.
(Principal office address MUST BE A STREET ADDRESS)	Swite 340
	Mt. Kisco, NY 10549
Enter new mailing address, if applicable:	100 South Bedford Rd.
(Mailing address MAY BE A POST OFFICE BOX)	Swite 340
	Mt. KISCO, NY 10549
<u> </u>	Suite 340

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation

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:	Corporate Ser	vice Company	
New Registered Office Address:		treet	
	Enter Florida street address		
	Tallahassee	Florida 32301	
	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.

Page 1 of 2

Jane S. Krayer, Assistant VP

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:

			
	 		Add Remove
 -			Add Remove
			Add Remove
			Add — Remove
			JAN ABOVE
			Remove
amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
(change address of to:	' 姓氏 MGR (Richard Lu	ingen.
	00: 100 South B		_
		Mt. Kisco, NY 10549	_
J	anuary 19. 20		_
·	Min Diani	er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00