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SECRETARY OF STATE
TALL AHASSEF, FI ORIDA

TED

COVER LETTER

subject: Robert		nited Liability Company)	
		_	
r lease return an corresp		to the following:	
	Nobert Disterant	(Name of Person)	-
Division of Corporations SUBJECT: Robert DiStefano, PLC (Name of Limited Liability Company) The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Robert DiStefano			Z0081 SEC TALL
		(Firm/Company)	ARE ARE
	7471 West Oakland Park		
Fort Lauderdale, Florida 33310			F STATE FLORIDA
For further information (concerning this matter, please c		
Robert DiStefano		at (954) 572-8000	
(Name	of Person)		'elephone Number)
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status &
MAII	.ING ADDRESS:	STREET/CÓURIER	· · · · · · · · · · · · · · · · · · ·

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

STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our I Liability Company)	records.)	
ny were filed on 4/10/07	and assign	ed
ability company here:		
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mited Liability Company," the c	lesignation "LLC" or the abbr	eviatio
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office address on our reco	rds, enter the name of th	<u>ie ne</u>
		 :
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(Enter Flori	da street address)	
·	Florida	
(City)	(Zip Code)	
	ability company here: mited Liability Company," the description of the address on our reconcere: (Enter Floring, ", ")	mited Liability Company," the designation "LLC" or the abbreve: ABET ABET

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.

MGR = Manager MGRM = Managing Member				
Title.	<u>Name</u>	Address	Type of Action	
MGRM	William Kennedy	7471 West Oakland Park Blvd Fort Lauderdale Florida 33319	Add Remove	
MGMR_	Jared Bossola	7471 West Oakland Park Bivd Fort Lauderdale Florida 33319	Add Remove	
			— 	
	<u> </u>		Add Remove	
 .			Remove Remove Remove Remove	
D. If amen	ding any other information, ente	er change(s) here: (Attach additional sheets, if neo	ressary.)	
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Dated Nove	ember 11	2008		

Page 2 of 2

Filing Fee: \$25.00