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TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

NOV _4 2010

COVER LETTER

TQ:

Registration Section

Division of Co	rporations					
SUBJECT: THE	ELIZABETH, LLC		•			
		ited Liability Company				
	f Amendment and fee(s) are sub condence concerning this matter	-				
	RICHARD K	ROOP, ESQ.				
•	KROOP &SC	Name of Person HEINBERG				
		Firm/Company				
	800 WEST AV	E #c-1				
		Address		Ĭ.s	, 20	
	MIAMI BEAC	H FL ##x## 33139		EDRE.	2010 NOV -3	للا
	kroopsch@a	City/State and Zip Code		WAY ASSET		
	E-mail address: (to be used for future annual report notificat	ion)		PH	m
For further information	concerning this matter, please of	call:		ORIC ORIC	PH 1: 3	ري
	KROOP, ESQ	at (305) 538-7575		A	-	
Name	of Person	Area Code & Daytime T	elephone Numbe	r		
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 enclosed)	Certifie	ate of Sta		sed)
Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations 30x 6327 nassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons r Circle	;		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE ELIZABATH, LLC

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company value of C	were filed on May 8, 2007 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
THE ELIZABETH NEW YORK, LLC	
The new name must be distinguishable and end with the words "Limite "L.L.C:"	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: 632	15th Street # 201
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach FL 33139
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same as above LEC NOV
B. If amending the registered agent and/or registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Flavida
	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:

<u>Name</u>	Address	Type of Action
		Add′
		Remove
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ending any other information, enter ch	ange(s) here: (Attach additional she	eets, if necessary.)
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