## L07000058354

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SECRETARY OF STATE DIVISION OF CORPORATION

J. BRYAN

SEP 1 8 2008

EXAMINER

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJEC	CT: <u>N</u>	AUTIKOS FLORIDA SER (Name of Limi	VICES, LLC ted Liability Company)	<del></del>
		Amendment and fee(s) are subsidence concerning this matter	-	
		JOHN D'AG	OSTINO	
•		JUIN D AG	(Name of Person)	
•		NAUTIKOS F	LORIDA, LLC (Firm/Company)	08 SEP
		2550 SOUTH BAY	SHORE DRIVE SUITE 4 (Address)	OB SEP 17 AMII: 21
		COCONUT	GROVE, FL 33133 (City/State and Zip Code)	ATIONS
For furth	ner information co	encerning this matter, please ca	all:	
	JOHN D'A	.GOSTINO	at (305) 856-4050	
·		f Person)	(Area Code & Daytime T	elephone Number)
Enclosed	d is a check for th	e following amount:		
\$25.0	00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



NAUTIKOS FLORIDA SE (Name of the Limited Liability Compar (A Florida Limited L	RVICES, LLC ny as it now appears on our records.)	<sup>ي</sup> سر
(A Florida Limited L	diability Company)	
The Articles of Organization for this Limited Liability Company	were filed on and assigne	d
Florida document number <u>L07000058354</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and end with the words "Limit	ted Liability Company "the designation "LLC" or the abbre	—— viation
"L.L.C."	and shaping company, the designation also of the above	Viation
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	2550 SOUTH BAYSHORE DRIVE SUITE 4	
(Mailing address MAY BE A POST OFFICE BOX)	COCONUT GROVE, FL 33133.	
		<del></del>
B. If amending the registered agent and/or registered off	fice address on our records, enter the name of the	e new
registered agent and/or the new registered office address here		
Name of Nau Parigtaned Agents		
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida street address)	
	, , , , , , , , , , , , , , , , , , ,	
	(City), Florida (Zin 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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
· ———			Add Remove
	·		Add Remove
			Add Remove
			Add Remove
D. If amen	nding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	08 \$
<u>-</u> -			SECRETARY OF STATE SECRETARY OF CORPORATIONS OF CORPORATIONS OR SEP 17 AM II: 24
Dated	·	DO At	<b>₹</b> %
	( ) .	mber or authorized representative of a member  D'AGOSTINO  yped or printed name of signee	

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Filing Fee: \$25.00