# L07000092779

Office Use Only



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11 AUG 29 PH 2: 52

SECRETARY OF STATE

T. HAMPTON

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporation Corporation (Corporation Corporation)	ion rations						•
SUBJECT:		ROUP L Limited Liabil		,		<del></del>	
The enclosed Articles of An	mendment and fee(s) ar	e submitted for	r filing.				
Please return all correspond	ence concerning this n	natter to the follow	lowing:				
		- -EDERICO Nan	ROJ ne of Person	KES			
		Fin	m/Company	····		<u> </u>	
	20650 NE 25 PLACE						
		MIAM; City/Stal	FL.		180		
	·	ess: (to be used t	for future annu	ial report	notification)	<del></del>	
For further information con-	cerning this matter, ple	ase call:		•			
FEDERICO Name of Po	at	Area C	<b>299</b> - ode & D	8844 aytime Teleph	none Number		
Enclosed is a check for the	following amount:						
\$25.00 Filing Fee [	\$30.00 Filing Fee & Certificate of Stat	us Ce	.00 Filing Fe ertified Copy dditional cop	,		\$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy i	

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

# ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE 11 AUG 29 PH 12:572

1010 GROUP	L.L.C			- <b>-</b>	
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears ed Liability Company)	on our recor	<u>ds.</u> )	<del></del>	
The Articles of Organization for this Limited Liability Comp  Florida document number <u>L 07 0000 92779</u> .	,	19/11/20		and assigned	
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 "l "L.L.C."	imited Liability Compan	y," the designa	ation "LLC"	' or the abbreviatio	
Enter new principal offices address, if applicable:	206	50 NE	25	PLACE	
(Principal office address MUST BE A STREET ADDRESS	<u>MiAn</u>	4; , FI	33180		
Enter new mailing address, if applicable:	206	50 NE	25	PLACE.	
(Mailing address MAY BE A POST OFFICE BOX)	Mia	Mi , FL	. 331	80	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address  Name of New Registered Agent:		ır records, <u>s</u>	enter the	name of the nev	
New Registered Office Address:		JE 25	PLACE		
		er Florida stre	eet address •	1010 -	
	Miami	, Flor		53180	
	City		2	ip 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, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

		iging Memb	er								т	٠ م <b>د</b>	Action
<u> Fitle</u>	_	Name			4	<u>Address</u>					1	ype of	<u>Action</u>
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Dated		AUGUST	22	—— , <i>,</i>	2011	<u> </u>							ודי טיי
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Filing Fee: \$25.00