## L07000101850

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DAVISION OF CORPORATIONS

0.8 APR 21 PN 3:37

J. BRYAN

APR 2 2 2008

**EXAMINER** 

## **COVER LETTER**

	ration Section on of Corporations	
SUBJECT: A-	-Z LIQUIDATORS ,LLC	
	(Name of Limited Liability Company)	•
•	·	
The enclosed Ar	rticles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	PINHOS PALAS	·
	. (Name of Person)	
	A-Z LIQUIDATORS ,LLC	
	(Firm/Company)	9 9
	5041 S. STATE ROAD 7 , SUITE # 424	25 A
	(Address)	が、 200 200 200 200 200 200 200 20
	DAVIE , FL 33314	OB APR 21 PN 3
,	(City/State and Zip Code)	T SEST
		3
For further infor	mation concerning this matter, please call:	7 9
PINHOS PA	at ( 954 ) 739-9088	. A
TINITOTTA	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a che	eck for the following amount:	
<b>√</b> \$25.00 Filing	g Fee \$\ \bigs\sum_{\text{\$30.00 Filing Fee}} \& \bigs\sum_{\text{\$55.00 Filing Fee}} \& \bigs\sum_{\text{\$60.00 Filing Fee}}, \\ \text{Certificate of Status} \\ \text{(additional copy is enclosed)} \\ \end{align*}  \text{Certified Copy} \\ \text{(additional copy is enclosed)} \end{align*}	tus &

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 **OF**



A-Z LIQUIDATORS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	amending the registered agent and/or registered agent and/or the new registered office ad  Name of New Registered Agent:  New Registered Office Address:	dress here:	Clorida street address), Florida (Zip Co	
	Name of New Registered Agent:	dress here:		of the new
	Name of New Registered Agent:	dress here:		of the new
	ered agent and/or the new registered office ad	•	ecords, enter the name	of the new
		•	ecords, <u>enter the name</u>	of the new
		•	ecords, enter the name	of the new
'L.L.C	•			
	w name must be distinguishable and end with the w	ords "Limited Liability Company," t	he designation "LLC" or the	abbreviation
A. If a	amending name, <u>enter the new name of the li</u>	mited liability company here:		•
	. 5	. ,		
This ar	mendment is submitted to amend the following:			
Florida	a document number <u>L07000101850</u>	·		
	rticles of Organization for this Limited Liability	Company were filed on 10/05/2	007 and a	ssigned

## N

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:

MGR = Manager

MGRM = Managing Member -**Type of Action** Address Title Name 5041 S. STATE ROAD 7 . SUITE # 424 ☐ Add SHRAGA BRIEMAN **MGRM** DAVIE FL 33314 **√** Remove ☐ Remove Add Remove  $\mathsf{IAdd}$ Remove Add " ]Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated APRIL 11 2008 Signature of a member or authorized representative of a member **PINHOS PALAS** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00