

Florida Department of State Division of Corporations

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000265042 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from

this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FILINGS, INC. Account Number : 072720000101

Phone : (850) 385-6735

Fax Number : (954)641-4192

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MASTER ACQUISITIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate FIJAMPITON

Help

DEC - 2 2008

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MASTER ACQUISITIONS, LLC, a Florida Limited Liability Con	npany	_
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	oppears on our records.) pany)	
The Articles of Organization for this Limited Liability Company were filed or	n October 9, 2007	and assigned
Florida document number <u>L07000102857</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compar	<u>ry here</u> ;	
The new name must be distinguishable and end with the words "Limited Liability ("L.L.C."	Company," the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applicable:	· 	
(Principal office address MUST BE A STREET ADDRESS)		
		ž
	ÀR Ş	3 71
Enter new malling address, if applicable;	ASE C	/ America
(Mailing address MAY BE A POST OFFICE BOX)	Mi-K	
	m ^{*11})	>
		9
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter th	
Name of New Registered Agent:	, , , , , , , , , , , , , , , , , , ,	
New Registered Office Address:		
	(Enter Florida street addr	ess)
·	, Florida	
(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)

408000265042 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 Tilly: Name. <u>Address</u> PHILIP T. GORI MGR 13790 N.W. 4TH STREET, SUITE 113 **p**[ℤ] Add Remove SUNRISE EL 33325 And Remove Add Remove □ Add Remove ∐'-Add 🗖 Remove. Remove D. Hamending any other information, enter change(s) here: Attach additional sheets, if necessary)

Dated December 1 2008

Signature of a member or authorized representative of a member

MICHAEL BILOTTI

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25,00

HO 2000265042