07000103199

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress) .	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
L		

Office Use Only



600113239166

12/20/07--01029--001 **25.00

COVER LETTER

TO: Registration Sec Division of Corp		:	*	
SUBJECT: NATIONV		ted Liability Company)		
	·	, , ,,		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Michael I Bernstein			
		(Name of Person)	•	
	Michael I Bernstein, I			
		(Firm/Company)		
	1688 Meridian Avenu			
		(Address)		
	Miami Beach, Florida			
		(City/State and Zip Code)		
For further information co	oncerning this matter, please or	ali:		
Michael Bernstein		at (305) 672-9544		
(Name of	f Person)	(Area Code & Day	rtime Telephone Number)	
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	\$30.00 Fiting Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$60.00 Filing Fee, Certificate of Status & sed) Certified Copy (additional copy is enclosed	ქ)

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 TO ARTICLES OF ORGANIZATION OF

s it now appears on lity Company)		
refiled on <u>10/11/</u> 2	2007	and assigned
company here:		
Liability Company "	the designation "LL	.C" or the abbreviation
control company,	J	
sidenity company,	ŭ	
	·	e name of the nev
	·	e name of the nev
	·	e name of the nev
	·	e name of the nev
	·	e name of the nev
address on our r	ecords, <u>enter th</u>	
address on our r	records, enter th	ress)
address on our r	records, enter th	ress)
address on our r	ecords, <u>enter th</u>	ress)
address on our r	records, enter th	ress)
	company here:	

(If Changing Registered Agent, Signature of New Registered Agent)

company has been notified in writing of this change.

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

<u> Title</u>	Name	Address	Type	e of Action
MGR_	ELI STROHLI	10800 BISCAYNE BOULEVARD SUITE 201 NORTH MIAMI, FLORIDA 33161	· 	Add Remove
				Add Remove
<u> </u>				Add Remove
				Add Remove
				Add Remove
				Add Remove
D. If ame	ending any other information, en	nter change(s) here: (Attach additional sheets, if necess	ary.)	
-				
<u>-</u>				2
Dated <u>De</u>	ecember 17 7 Signature o	of member or authorized representative of a member	- SS. S	onn nec 20
	Michael I. Bernstein, Esc	7. Typed or printed name of signee		
		Page 2 of 2	STATE LORID/	PM. 1: 35

Filing Fee: \$25.00