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(Requestor's Name) (Address) (Address)	800120587418			
(City/State/Zip/Phone #)	03/19/0801034005 **25.00			
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED DIVISION OF CORPOR 08 HAR 19 PH 12			
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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Animal Rides, LLC

(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dina Pinhas

(Name of Person)

(Firm/Company)

3511 W. Commercial Blvd., Suite 100

(Address)

Fort Lauderdale, FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

Dina Pinhas

(Name of Person)

at (786) 547-6063

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

S25.00 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)

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

Animal Rides, LLC

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

The Articles of Organization for this Limited Liability Company were filed on <u>10/30/07</u> and assigned Florida document number L07000110387

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:

(City)

New Registered Office Address:

(Enter Florida street address)

Florida _

(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)

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

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<u>Title</u>	Name	Address	Type of Action
MGR_	Dina Pinhas	2395 NE 187 St. Miami, Florida 33180	Add • Remove
<u>MGR</u>	Orit Feldman	20300 W. Country Club Dr., PH 8 Aventura, FL 33180 MGR	Add Remove
MGR	Hillel Bronstein	19101 Mystic Pointe Dr., 2808 Aventura, FL 33180	Add Remove
	********		Add Remove
	<u></u>		Add Remove
			Add Remove
	ading any other information, enter ch Change mailing address and prin	ange(s) here: (Attach additional sheets, if necessary.) ciple address to:	
<u>3</u>	511 W. Commercial Blvd., Suite	100Fort Lauderdale, FL 33309	
	····	······································	
Dated Mar	HAB	<u>008</u>	
	Hillel Bronstein	nber or authorized representative of a member	
	Ту	ped or printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00

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