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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
		· · · · · · · · · · · · · · · · · · ·
(Do	ocument Number)	
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EXAMINER



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SECRETARY OF STAIR ON DIVISION OF CORPORATION

COVER LETTER

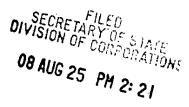
TO: Registration Se Division of Cor			
SUBJECT: Von Tra	ann IIC		.
SUBJECT. TOTAL TITE	(Name of Lim	ited Liability Company)	<u>.</u>
			بْ
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Raquel Woolin		
		(Name of Person)	
		(Firm/Company)	
	4949 Pinetree Dr	(Address)	
		(//dd/655)	
	Miami Beach, FL 33140		
		(City/State and Zip Code)	
For further information c	oncerning this matter, please c	all:	20
Steven A. Greenspan		at (305) 935-0363	
	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	ne following amount:		
☑ \$25.00 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)
MAII	INC ADDDESS.	STREET/COUDIED	ADDRESS

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Von Trapp, LLC			
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears o da Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liabilit Florida document number <u>L07000120731</u>	ry Company were filed on Decem	ber 4, 2007 and assigned	
This amendment is submitted to amend the following	3:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company.	"the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX			
		<u>*</u> .	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
_	(City)	, 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 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 = M MGRM =	anager Managing Member			r
Title	<u>Name</u>	Address	Type of Actio	<u>n</u>
MGRM	Raquel Woolin	4949 Pinetree Drive Miami Beach, FL 33140	Add Remove	
<u>MGR</u>	Steven A. Greenspan	19495 Biscayne Blvd, Ste 400 Aventura, FL 33180	Add Remove	•
			Add Remove	
			Add Remove	
			Add Remove	,·
			Add Remove	
D. If amer	nding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary	.) 	
-			<u> </u>	o*. ≀
Dated	8.20.08 2 (Ca	2)_		
	- ~	ber or authorized representative of a member		
	Raquel Woolin	ped or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00