## L07000127507

(Re	equestor's Name)				
. (Ac	ddress)				
(Ac	ddress)				
	ty/State/Zip/Phone	· _ <u>:</u>			
	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
A. LUNT  MAR 3 1 2008  EXAMINER					

Office Use Only



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03/27/08--01020--021 ++25.00

2000 MAR 27 P 12: 2

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 6Th Arenve Boza UC (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:
Dhu F. Cistello (Name of Person)
(Firm/Company)
99 NW 6 AVE 182
Boca Ratu Pl 33432 FF ST D 73 City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person)  at (361) 391-6444  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:  [V] \$25.00 Filing Fee     Solution   Status   Status
(additional copy is enclosed)  MAILING ADDRESS: STREET/COURIER ADDRESS:

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

and the state

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. 6th Aven		· uc				
(Name of the Limited	Liability Company Florida Limited Lia	as it now appea bility Company)	rs on our records	.)		
The Articles of Organization for this Limited L Florida document number	iability Company w	vere filed on		a	nd assigned	·
This amendment is submitted to amend the foll			ALLAHASSEE, FI	2000 MAH 27		
A. If amending name, enter the new name o	f the limited liabil	ity company he	re:	)		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limite	d Liability Comp	any," the designati	on "LLC" o	or the abbrev	iation
B. If amending the registered agent and/ registered agent and/or the new registered o			our records, <u>en</u>	ter the na	ame of the	<u>new</u>
Name of New Registered Agent:	99 /	Conte	E Cous	lauza	E. E	LSUER —
New Registered Office Address:	Boca F		Enter Florida stre	^		
				•		

## 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

MGKM - Ma	inaging Member		
<u>Title</u> ,	Name	Address	Type of Action
M6.RU	John Costello	99 NW 6 AVE BDC4 RATON 72 33432	Add Remove
MGRM	Coustanza E. Elsner	BOCK PATON PL 33432	Add Remove
	<del></del>		Add Remove
		TAL SI	Add Remove
	·	AHA SS	Add Add
		FE, FLOR	T M
		Dm Dm	Remove
D. If amendi	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	<del>_</del>
			<del></del>
Dated 3	24/08 JC C	12:05 PM	
-	1 John F.	rauthorized representative of a member  Costella  printed name of signee	

Page 2 of 2

Filing Fee: \$25.00