

LO8000006592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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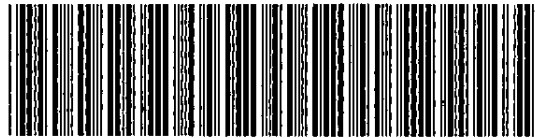
Special Instructions to Filing Officer:

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JUL 16 2008

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 JUL 15 A 11: 28

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AFFOMIX PARTNERS, 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:

Patricia Hebert
(Name of Person)

Greenstreet Partners
(Firm/Company)

2601 S. Bayshore Drive, Suite 900
(Address)

Coconut Grove, FL 33133
(City/State and Zip Code)

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For further information concerning this matter, please call:

Patricia Hebert at (305) 858-4225
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the 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)

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

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

and assigned

The Articles of Organization for this Limited Liability Company were filed on 1/17/2008
Florida document number L08000006592

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."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Suite 900
2601 S. Bayshore Drive
Coconut Grove, FL 33133

Suite 900
2601 S. Bayshore Drive
Coconut Grove, FL 33133

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:
New Registered Office Address:

Victor Corral

2601 S. Bayshore Drive, Suite 900
Coconut Grove (City)

(Enter Florida street)

Flori

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 accept the obligations of my position as registered agent and complete performance of my duties being filed to merely reflect a change in the registered office address, I hereby confirm company has been notified in writing of this change.

(If Changing Registered Agent.)

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr	David W. Bianchi	1 SE 3rd Ave. Suite 3000 Miami, FL 33130-1808	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mgr	Jeffrey A. Safchik	Suite 900 2601 S. Bayshore Drive Coconut Grove, FL 33133	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____,

Signature of a member or authorized representative of a member

Jeffrey A. Safchik, Authorized Representative of a Member
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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