L08000011599

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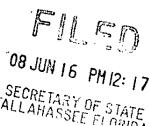
TO: Registration Sec Division of Corp		•				
SUBJECT: Lake W	Jorth Plaza, LLC					
BODSECT. Barrow		ted Liability Company)				
The enclosed Articles of A	Amendment and fee(s) are sub	nitted for filing.				
Please return all correspon	ndence concerning this matter	to the following:				
	Maurice Skandra	nni, Managing Member (Name of Person)				
	Lake Worth Plaz	(Firm/Company)	<u> </u>			
	2555 Collins Av	venue, Apt. 914 (Address)				
	Miami Beach, FI	. 33140 (City/State and Zip Code)				
For further information co	oncerning this matter, please ca	ıll:				
Maurice Skand (Name o		at (305) 505-9271 (Area Code & Daytime Telephone Number)				
Enclosed is a check for th	e 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



Lake Worth Plaza, 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>Jan. 31</u>, 2008 Florida document number <u>L08000011599</u> 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) 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address) (City)

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

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y other inform	ation, enter	change(s)	here: (Atta	ch additional .	sheets, if nece	ssary.)	
						SECRETAR	
						PHIZ: IV	
May Bo	on of the second	2008				<u> </u>	
	May &	May Bo,	May Bo, 2008 Signature of a metaber or	May Bo, 2008.	May Bo, 2008.	May Do , 2008. May Do , 2008.	y other information, enter change(s) here: (Attach additional sheets, if necessary.) A R SEC STATE FLORIDE

Page 2 of 2

Filing Fee: \$25.00