

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000039639 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 Fax Number

: (305)633-9696

MND/RESTATE/CORRECT OR M/MG RESIGN

MANDEL HOLDINGS, LLC

<u> Park and and the second second second second second to the second seco</u>	<u>لعظيم في منظ في منظور و</u> رواي والمراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع الم
Certificate of Status	Û
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. CLINE

FEB 20 2009

Electronic Filing Menu

Corporate Filing Menu

EXAMINER

I of I

PAGE 01/03

2/19/2009 3:02 PM

EMPIRE CORP KIT

9696889908

\$2:51 600Z/61/Z0



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Cimited Liability Com	DINGS. ILC	opears on our records.)	
(A Florida Limite	• •	•	
The Articlus of Organization for this Limited Liability Compa	my were filed or	_a 2/15/08	and assigned
Florida document number <u>L08000016922</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	iability compan	y here:	
			200 AL SE
The new name must be distinguishable and end with the words "L" L.C."	imitod Liability (Company," the designatio	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:			EB 19 ETAR (HASS
(Principal office address MUST BE A STREET ADDRESS]		
•			DATE ORID
Enter new malling address, if applicable:			Êu. α
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered	office address	on our records, enc	er the name of the new
rogistored agent and/or the new registered office address t	<u>icre</u> :		
Name of New Registered Agent:			
New Registered Office Address:		(5	
		(Enter Florida street address)	
The state of the s		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>		
hereby accupt the appointment as registered agent and a	igree to act in t	this capacity. I further	agree to comply with

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

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

H09000039639

company has been notified in writing of this change.

H09000039639

If amending the Managers or Managing Members on our records, onter the title, name, and address of each Manager or Managing Member being added or removed from our records:

· .. i

PAGE 03/03

MGRM -	Managing Member	•	
<u>Tide</u>	Name	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			ZOUS FE S. Add
			ASS Act
			Romove
D. If amen		e(s) here: (Auach additional sheets, if necessa IE MANDEL to "Members" status	
. –	not managers		<u></u>
Dated	1		
-			
		or authorized representative of a member ARD MANDEL	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00

H09000039639