## L08000030426

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**EXAMINER** 

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SECREBURY OF STATE

## **COVER LETTER**

**Registration Section** 

TO:

↓ Division of Co	orporations				
SUBJECT:	Miar	micond LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	omitted for filing.			
Please return all corresp	oondence concerning this matter	r to the following:			
		Cesar Shlain			
		Name of Person			
	Consulting & Service Solution Corp				
Firm/Company					
18181 NE 31 CT 1406					
		Address			
		Aventura, FL, 33160	· <u></u>		
		City/State and Zip Code			
	Consult E-mail address: (	ingsolution@bellsouth.com to be used for future annual report notific	eation)		
For further information	concerning this matter, please of	eall:			
(	Cesar Shlain	at ( _ · )	116-7079		
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)		
	LING ADDRESS: tration Section	STREET/COURIE Registration Section	ı		
Division of Corporations P.O. Box 6327		Division of Corpora Clifton Building			
Tallahassee, FL 32314		2661 Executive Cen	iter Circle		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	nd LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	<u>y as it now appea</u> ability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company value of C		02/26/2008	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	star a		
(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 here		our records, <u>enter tl</u>	ne name of the nev
Name of New Registered Agent:			
New Registered Office Address:	E.	ster Florida street addi	The Court of the C
	En	Florida	
	City	0.20	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		<b>9</b> 0	η ω

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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	TRIBONS, ALEJANDRA	17184 B WEST DIXIE HWY NORTH MIAMI BEACH EL 33160	Add Remove
MGRM	SHLAIN, CESAR	17184 B WEST DIXIE HWY NORTH MIAMI BEACH FL 33160	Add Remove
MGRM	JACQUELINE MIZRAHI	1000 ISLAND BLVD 1504 AVENTURA FL, 33160	Add Remove
	·		Add Remove
			Add Remove
			Add Remove
D. If ame	ending any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)	_
<del>-</del>			<del>-</del>
	NOVEMBER 15TH	2010	<del></del>
Dated	NOVEMBER 19111	2010	
	Signature of a m	ember or authorized representative of a member	<del></del>
		LUIS J MIZRAHI	
	·	I Vned or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00