

LO8000021442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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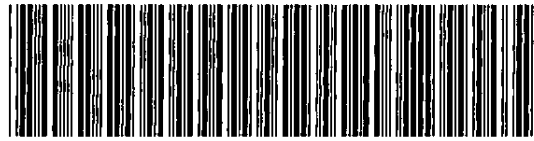
(Business Entity Name)

(Document Number)

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08 JUN -2 PM12:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MAHLONE, 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:

ARNAUD SITBON  
(Name of Person)

(Firm/Company)

20900 NE 30TH AVENUE, SUITE 311  
(Address)

AVENTURA, FL 33180  
(City/State and Zip Code)

For further information concerning this matter, please call:

ARNAUD SITBON at (786) 419 4404  
(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

FILED  
08 JUN -2 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAHLONE, 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 FEBRUARY 28, 2008 and assigned Florida document number L08006021442.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Ø

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)**

20900 NE 30TH AVENUE, SUITE 311  
AVENTURA, FL 33180

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

20900 NE 30TH AVE, SUITE 311  
AVENTURA, FL 33180

**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:

ESS ASSET MANAGEMENT, LLC

New Registered Office Address:

20900 NE 30TH AVENUE, SUITE 311  
(Enter Florida street address)

AVENTURA, Florida 33180  
(City) (Zip Code)

**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  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BENJAMIN ATTAL	9401 COLLINS AVENUE, UNIT 902 SUBERSIDE, FL 33154	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ARNAUD SITBON	20900 NE 30TH AV, SUITE 311 AVENTURA, FL 33180	<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.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FILED  
 08 JUN -2 PM 12: 01  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Dated \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 ARNAUD SITBON  
 Typed or printed name of signee