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(Address)

(Address)

(City/State/Zip/Phone #)

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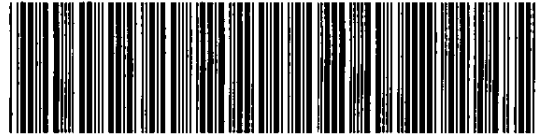
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

FEB 23 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 990 AND 994, 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:

Linda M. Smith, Esq.

Name of Person

Law Offices of Linda M. Smith

Firm/Company

11900 Biscayne Blvd., Suite 503

Address

Miami FL 33181

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda M. Smith

Name of Person

at (305)

899-1415

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**

990 AND 994, 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 02/29/2008 and assigned
Florida document number L08000021908.

This amendment is submitted to amend the following:

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

990 & 994, LLC

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)

720 NE 69 STREET, SUITE 10 S

MIAMI FL 33138

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

720 NE 69 STREET, SUITE 10 S

MIAMI FL 33138

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:

LINDA M. SMITH, ESQ.

New Registered Office Address:

11900 BISCAYNE BLVD., SUITE 503

Enter Florida street address

MIAMI

, Florida

33181

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	JOAO, PEREZ R	1515 NW 22ND STREET MIAMI FL 33142	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	FAILLACE, HENRIETTE D	1000 BELLE MEADE ISLAND DRIVE MIAMI FL 33138	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	FAILLACE, HENRIETTE D	720 NE 69 STREET SUITE 10 SOUTH MIAMI FL 33138	<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

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10 FEB 22 3:04
TALLAHASSEE, FL
SECRETARY OF STATE

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

Dated

Henriette D. Faillace

Signature of a member or authorized representative of a member

HENRIETTE D. FAILLACE

Typed or printed name of signee