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J. BRYAN

JUL 2 2 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section . Division of Corporations
SUBJECT: The South Floringian Times 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:
Please return all correspondence concerning this matter to the following:  Ali, Leonard (Name of Person)  The South Floringian Times U.C. & South (Firm/Company)  The John Oth Ct. (Address)  Boca Raton, Fl 33486 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Ali, Leonard at (561) 271-6715  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)  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

The South F.  (Name of the Limited Liab) (A Flori	/Orindian Times LLC. 2008  A Limited Liability Company)  y Company were filed on 3/17/2008 and assigned.
The Articles of Organization for this Limited Liabilit	v Company were filed on 3/17/2008 and assigned
Florida document number <u>LOSOCO27</u>	11711
Florida document number 20000000	<i>T.L.<del>Y</del></i>
This amendment is submitted to amend the following	;:
A. If amending name, enter the new name of the l	imited liability company here:
The South Floring	lian Times I.L.C.
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	761 NIW 9th Ct.
(Principal office address MUST BE A STREET AD	
Trincipul Office unuress MOST DE ASTREET AD	DRESS VOCT FITTOT, 11. 39400
Enter new mailing address, if applicable:	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re	gistered office address on our records, enter the name of the new
registered agent and/or the new registered office a	·
Name of New Registered Agent:	HII, Leonard
New Registered Office Address:	761 NW 9th Ct.
New Registered Office Address.	(Enter Florida street address)
	Ali, Leonard  761 NW 9th Ct.  (Enter Florida street address)  BOCA BATON, Florida 33486  (City) (Zip Code)
· · · · · · · · · · · · · · · · · · ·	(City), Florida <u>G 3 48 6</u> (Zin Code)
New Registered Agent's Signature, if changing Regist	
	T- T

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, thereby confirm that the limited liability company has been notified in writing of this change.

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

Page 1 of 2

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 = Mana MGRM = Ma	ager nnaging Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Chatoo, Devindra	891 N State Rd 7 margate, F1 33063	Add Remove
-			Add Remove
	<del> </del>		Add Remove
			Add Remove
			Add Remove
			DIVISION OF CONTROL OF
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	E CORPORATIONS 21 PM 4: 27
Dated	Dun	or authorized representative of a member	
-	Typed	or brinted name of signee	

Page 2 of 2

Filing Fee: \$25.00