

LB8000040966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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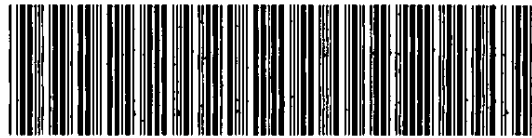
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

JUN 23 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PIKENSVINE 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:

ODIJAS CAMINHA

(Name of Person)

QUICKTAX ACCOUNTING CORP

(Firm/Company)

2200 N FEDERAL HWY SUITE 206

(Address)

BOCA RATON, FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

ODIJAS CAMINHA at (561) 544-6021
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 20 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PIKENS VINE 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 04/23/08 and assigned
Florida document number L08000040966.

This amendment is submitted to amend the following:

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

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)

1131 NE 163RD ST

NORTH MIAMI BEACH, FL 33162

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1131 NE 163RD ST

NORTH MIAMI BEACH, FL 33162

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:

ODIJAS CAMINHA

New Registered Office Address:

2200 N FEDERAL HWY 206

(Enter Florida street address)

BOCA RATON

(City)

, Florida 33431

(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>
MGR	INGA KOZAREZ	700 NE 63 RD STREET	<input type="checkbox"/> Add
		D508	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33138	<input type="checkbox"/>
MGR	ELISABET NIZNIK	1131 NE 163 RD ST	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33162	<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.)*

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated JUNE 19, 2008

 Signature of a member or authorized representative of a member

ELISABET NIZNIK

 Typed or printed name of signee