

Division of Corporations Public Access System

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Τφ;

Division of Corporations

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Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (850)385-6735 Fax Number : (954)641-4192

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

303 E. SAN MARINO, LLC

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D. BRUCE

OCT 3 0 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | (City) | (Zip Code) |
|---|---|---|
| | , Florida | |
| New Registered Office Address: | (Enter FI | orida streat address) |
| Name of New Registered Agent: | | <u></u> |
| registered agent and/or the new registered office add | | |
| B. If amending the registered agent and/or regis | tered office address on our re | cords, enter the name of the sew |
| (Mailing address MAY BE A POST OFFICE BOX) | | 77 3 17 |
| Enter new mailing address, if applicable: | | |
| | | OCT AHA |
| (Principal office address MUST BE A SIKEET ADDI | (1858) | |
| Enter new principal offices address, if applicable: | | |
| The new name must be distinguishable and end with the worth.L.C." | rds "Limited Liability Company," th | e designation "LLC" or the abbreviation |
| A. If amending name, enter the new name of the lim | <u>ited liability company here</u> : | · |
| This amendment is submitted to amend the following: | | |
| Florida document number L08000058787 | · | |
| The Articles of Organization for this Limited Liability C | company were filed on June 16, 2 | 2008 and assigned |
| (Name of the Limited Liability (A Flurida) | Company as It now appears on or Limited Clability Company) | ur regords.) |
| 303 E. SAN MARINO, LLC | | |

New Registered Agent's Signature, if changing Registered Agent:

I hereby uccept 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)

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MGRM = Managing Member

MGR = Manager

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:

Title <u>Name</u> Address Type of Action MEMBER 303 E. SAN MARINO DRIVE RODOLFO KELLERMAN 🗖 Ađđ MIAMI BEACH, FLURIUA 33739 Remove DDA 🗂 Remove DDA F Remove 🗖 Add Remove MAdd Remove T Add Remove D. If smending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Remove Member: Rodolfo Kellerman, 303 E. Sen Marino Drive, Miami Beach, Florida 33139 Dated October 27

Typed or printed name of signop

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Signature of a member or authorized representative of a member

Rodolfo Kellerman

Filing Fee: \$25.00

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