## 10800059636

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FEB 16 2009

**EXAMINER** 



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SECRETARY OF STAIL

## **COVER LETTER**

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TO: Registration Division of C	
CUDIECT.	505 RACING LLC
SUBJECT:	(Name of Limited Liability Company)
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corres	pondence concerning this matter to the following:
	Barbara Perdomo
	505 RACING LLC
	(Firm/Company)
	3401 SW 125 CT
	(Address)
	Miami, FL 33175
	(City/State and Zip Code)
For further information	concerning this matter, please call:
Barbar	a terdomo at 186 229-8630
(Nam	e of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for	the following amount:
\$25.00 Filing Fee	S\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi	LING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section
F.O.	ion of Corporations  Box 6327  Clifton Building  hassee, FL 32314  Division of Corporations  Clifton Building  2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

505	KHCI	146,	LLC		
(Name of the Limited Liabili (A Florida	ty Company as it no a Limited Liability Co	w appears on our ompany)	records.)	_	
The Articles of Organization for this Limited Liability Florida document number LO 90005	Company were filed	10/10	1/09	d assig	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability com	oany here:			
,					
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liabili	ty Company," the	designation "LLC" or	the abl	previation
					므
Enter new principal offices address, if applicable:				9	<u>&amp;</u> <u> </u>
(Principal office address MUST BE A STREET ADD	ORESS)			<del>- []</del>	<u> </u>
` ` ·				<del></del>	<del>- 유틸</del> -
				ω	33K
Enter new mailing address, if applicable:				<u> </u>	프목C
(Mailing address MAY BE A POST OFFICE BOX)	* ***			ယ္	<u> </u>
`				5	<u>5</u>
By the state of th					<del>2</del>
B. If amending the registered agent and/or regi		ess on our rec	ords, <u>enter the nar</u>	ne of	the new
registered agent and/or the new registered office ad	dress here:		1		
Name of New Registered Agent:	Angel	Perc	domo		<u>.</u>
New Registered Office Address:	3401	SW 1:	25 CT		
	100 0 00		rida street address)		<u> </u>
$\hat{m{e}}$	miam	1	, Florida	33	51 12
,	(City)			Code)	
New Registered Agent's Signature if changing Register	red 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 60%, F.S. Or, if this document is being filed to merely reflect a change in the registered office affiress, 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)

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:

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MGR = Mai MGRM = M	nager Ianaging Member		
Title	<u>Name</u>	Address	Type of Action
MGR	Ange 1 Perdomo	3401 SW 125 CT_ Mami, FL 33175	Add Remove
MG/R	Barbara Perdomo	3401 SW 125 CT mam; FL 33175	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	<del></del>
	p .		
Dated	29 20	9	_
Dated	Jaxe (	Tellowed or authorized representative of a member	
	Ans	el Perdomo pr printed name of signee	

Page 2 of 2

Filing Fee: \$25.00