## 108000068959

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JOHNSTON OF CORPORATIONS

08 NOV | O. PH 2: 54

J. BRYAN

NOV 12 2008

**EXAMINER** 

## **COVER LETTER**

TO: \* Registration Section

Tallahassee, FL 32314

Division of Co	rporations			
SUBJECT: Keio U	SALLC			<b>E</b>
·		nited Liabifity Company)		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
·	Raul M. Saenz			
		(Name of Person)		
	Saenz & Associates, Inc			
		(Firm/Company)		
	8180 NW 36th Street Suite 100			ليبا
		(Address)		98
•	Miami, Fl. 33166			2 1
		(City/State and Zip Code)		0 0
For further information	concerning this matter, please c	call:		OB HOV 10 PH 2: 54
Raul M. Saenz		at ( 305 ) 796-9600		ない
(Name	(Name of Person) (Area Code & Daytime Telephone Number		'elephone Number)	
Enclosed is a cheek for t	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 Sta Certified Copy (additional copy	atus &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/COURIER Registration Section Division of Corporation Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

08 NOV 10 PH 2: 54

(Name of the Limited Liability Company as it now appears on our records.)

(A Florid	a Limited Liability Company)	5
The Articles of Organization for this Limited Liability	Company were filed on July 17, 2008	and assigned
	Company were med on	und ussigned
Florida document number L08000068959	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and end with the w	and at his test Link Him Community the declination	n "I I C" or the obbraviation
"L.L.C."	vords "Limited Liability Company," the designation	II DEC of the aboreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
	*··***********************************	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		er the name of the new
,		
Name of New Registered Agent:	and the second s	<u> </u>
New Registered Office Address:	(Enter Florida street	address)
	Florida	
·	(City)	(Zip Code)
Naw Dagistarad Agent's Signature if changing Dagista	rad Agants	

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> **Address** Type of Action <u>Name</u> MGRM Raul M. Saenz 8180 NW 36th Street **□** Add Remove Suite 100 Miami, Fl. 33166. Miguel A. Faruolo MGRM 4205 NW 36th Avenue Add Add Remove Miami, Fl. 33142 r¶ Add Remove ☐ Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2008 Dated November 6 Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00