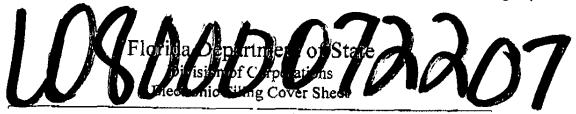
Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.exe



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ACCOUNTANT & MANAGEMENT INC

Account Number : 12/110000070 Phone : (3/)5)541-3980

Fax Number : (305)541-7033

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Emsil	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MICROFLOCK GROUP LLC

Certificate of Status	О
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

D. BRUCE

DEC 16 2011

EXAMINER

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# 14110002933693

### **COVER LETTER**

TO: Registration Sec Division of Corp					
SUBJECT:	MICROFLO	OCK GROUP LLC			
		ited Liability Company			
	mendment and fee(s) are sul	•			
Please return all correspon	dence concerning this matter	to the following:			
		OLIVIA MEDINA			
		Name of Person			
	ACCOL	JNTANT & MANAGEN	MENT		
		Firm/Company		F	
	1549 NE 123RD ST			1 DE	w.
		Address		C ASS	ة وحدد 12
	NORTH MIAMI, FL 33161			SEE.	7
		City/State and Zip Code		OF S	1
	INFO@SOLU	TIONSBYACCOUNTA	ANTS.COM	STAT STAT	
For further information cor	ncerning this matter, please of		,	9 A	
	, p				
	IA MEDINA	at ( <u>305)</u>	541-3980 Daytime Telephone Number		
Name of I	rerson	Vices Code & I	Dayame Текерионе (чинося	ı	
Enclosed is a check for the	following amount:		,		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Cartified Copy (additional copy is en	closed) Certified	ite of Status &	
Regi <del>stra</del> Division P.O. Box	NG ADDRESS: tion Section of Corporations ( 6327 see, FL 32314	Registration Division of Clifton Build	Corporations		

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Tallahassee, PL 32301

Tallahassee, FL 32314

### H110002933693

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MICROELOCK GROUP IJ C

(Name of the Limited Liabil	Ity Company as it now appear a Limited Liability Company)	ors on our records.)	<del></del>
The Articles of Organization for this Limited Liability Florida document numberL08000072207	Company were filed on	07/28/2008	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company he	re:	A S
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability Comp	any," the designation "	ASS ASS
Enter new principal offices address, if applicable:			
( <u>Principal office address MUST BE A STREET ADI</u>	<u></u>		F \$ 9 D
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 ad		our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Er	iter Florida street add	dress
		, Florida	
	City		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

Page 1 of 2

H110002933693

## H11000 29 33693

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>	Address	Type of Action
MGR_	ERICA, GINDI	1001 NE 176 TERRECE NORTH MIAMI BEACH EL 33162	Add Remove
MGR_	BAREK, KALEV	1001 NE 176 TERRECE NORTH MIAMI BEACH FL 33162	✓ Add □ Remove
			Add Remove
			Add Remove
			Add Remove 
			Add Remove
D. If amendia	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	11 DEC 15
			EC 15 M 9: 39 HASSEE, FLORIE
Dated	DECEMBER 14 201		<u> </u>
_	Ka	r authorized representative of a member    Color   Color	

Page 2 of 2

Filing Fee: \$25.00

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