## L08000073466

(Re	questor's Name)	
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(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL.
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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON
JUN 14 2010
EXAMINER

## **COVER LETTER**

· TO:

**Registration Section** 

Divisio	n of Corpo	rations				
SUBJECT:		M & N	CAPITA	L. LLC		
SOBSECT:		Name of Lim		<del> </del>		
The sectored A	4:-1-a a C A					
The enclosed Ar	ticles of An	nendment and fee(s) are su	bmitted for f	lling.		
Please return all	correspond	ence concerning this matte	r to the follo	wing:		
			<del></del>	d Denman	<del>.</del>	
	Name of Person					
	M & N CAPITAL, LLC					
			Firm/C	Company		
		2500		h Ave Suite 40	2	
			Ad	dress		
				rida 33172		
			•	and Zip Code		
	-	E-mail address:	lenman@ to be used for	bellsouth.net future annual report r	notification)	<del></del>
For further inform	mation cond	erning this matter, please	call:			
		ald Denman	at (_	305)	517-	
	Name of Pe	rson		Area Code & Day	time Telep	hone Number
Enclosed is a che	eck for the f	ollowing amount:				
\$25.00 Filing	Fee [	\$30.00 Filing Fee & Certificate of Status	Certi	Filing Fee & fied Copy tional copy is enclo	osed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registratio	G ADDRESS: on Section of Corporations		STREET/COU Registration Se Division of Cor	ction	ODRESS:
	P.O. Box 6 Tallahasse	6327 e, FL 32314		Clifton Building 2661 Executive	g	ircle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	M & N Cap Liability Compa Florida Limited L	oital, LLC ny as it now appears ( Liability Company)	on our records.)		
The Articles of Organization for this Limited List Florida document number		were filed on	07/31/2008	and assigned	
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and end with "L.L.C."	h the words "Limi	ited Liability Company	," the designation "Ll	LC" or the abbreviation	
Enter new principal offices address, if applicable:		2500 NW 107th	Ave Suite 402	2_	
(Principal office address MUST BE A STREET ADDRESS)		Miami, Florida	33172	SEC:	
Enter now mailing address if applicables		2500 NW 107th	Ave Suite 402	N DF CO	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		Miami, Florida		<b>3</b> 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
B. If amending the registered agent and/orthe new registered of	or registered of		r records, <u>enter th</u>	e name of the new	
Name of New Registered Agent:	J. Ronald D	enman			
New Registered Office Address:	New Registered Office Address: 2500 NW 107th Ave Suite 402  Enter Florida street address				
		Miami	, Florida	33172	
•		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

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
MGRM	Suriel, Vidal	2500 NW 107th Ave Suite 402 Miami, Florida 33172	Add Remove
			Add Remove
			Add Remove
			Add Remove
<del></del>			Remove
			Add Remove
D. If amendi		ge(s) here: (Attach additional sheets, if necessar	SECRETARY OF STATE DIVISION OF CORPORATIONS  10 JUN 11 PH 12- 26
		Vidal Suriel d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00