L08000074041

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200136774122

10/16/08--01024--005 **25.00

2000 OCT | 7 PH | 2: 53

C. LEWIS

OCT 20 2008

EXAMINER

COVER LETTER

ΤÒ:	Registration Section
	· Division of Corporations

	Caar	h:		\sim
SUBJECT:	ocai	Dies	LL	_し

■ \$25.00 Filing Fee

(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

D-- 0:4--

	ROZ CIUIII
	(Name of Person)
	Scarbies
	(Firm/Company)
	9955 N.W. 52nd St.
	(Address)
	Coral Springs, Fl. 33076
	(City/State and Zip Code)
For further information c	concerning this matter, please call:
Roz Citrin	at (954) 345-9018
(Name	of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the	the following amount:

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□\$30.00 Filing Fee &

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



October 17, 2008

ROZ CITRIN SCARBIES 9955 NW 52 ST. CORAL SPRINGS, FL 33076

SUBJECT: SCARBIES, LLC Ref. Number: L08000074041

We have received your document for SCARBIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Letter Number: 508A00054179

Carolyn Lewis
Regulatory Specialist II
Registration Section

Division of Corporations - P.O. BOX 6397 - Tallahassaa Florida 39314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2000 OCT 17 PH 12: 53

Scarbies LLC

SECHETARY CLISTATE TALLAHASSEE, FLORIDA

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

B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 9955 N.W. 52nd St. (Enter Florida street address) Coral Springs Florida 33076	ssigned	e filed on August 1, 2008 and assign	Liability Company w	The Articles of Organization for this Limited L
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the a LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address) Coral Springs Florida 33076			<u> </u>	Florida document number L08000074041
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the a "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Post Citrin 9955 N.W. 52nd St. (Enter Florida street address) Coral Springs Florida 33076			llowing:	This amendment is submitted to amend the following
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name or registered agent and/or the new registered office address here: Name of New Registered Agent: Roz Citrin New Registered Office Address: 9955 N.W. 52nd St. (Enter Florida street address) Coral Springs Florida 33076		company here:	of the limited liabili	A. If amending name, enter the new name of
(Principal office address MUST BE A STREET ADDRESS) Coral Springs, Fl. 33076 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Post Citrin 9955 N.W. 52nd St. (Enter Florida street address) Coral Springs Florida 33076	abbreviation	Liability Company," the designation "LLC" or the abb	vith the words "Limite	The new name must be distinguishable and end with L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 9955 N.W. 52nd St. (Enter Florida street address) Coral Springs Florida 33076		955 N.W. 52nd St.	icable:	Enter new principal offices address, if appli
New Registered Office Address: 9955 N.W. 52nd St. (Enter Florida street address) Coral Springs , Florida 33076		oral Springs, FI. 33076	ET ADDRESS)	Principal office address MUST BE A STREI
B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 9955 N.W. 52nd St. (Enter Florida street address) Coral Springs Florida 33076				
B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 9955 N.W. 52nd St. (Enter Florida street address) Coral Springs , Florida 33076	•		•	Enter new mailing address, if applicable:
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: Post N.W. 52nd St.		·	E BOX)	Mailing address MAY BE A POST OFFICE
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: Post N.W. 52nd St.			·	
New Registered Office Address: 9955 N.W. 52nd St. (Enter Florida street address) Coral Springs , Florida 33076	of the new	address on our records, enter the name of t		
(Enter Florida street address) Coral Springs , Florida 33076		, ,	Roz Citrin	Name of New Registered Agent:
Coral Springs Florida 33076		st.	9955 N.W. 52nd	New Registered Office Address:
		(Enter Florida street address)	٠	
(City) (7in Coo				
(Zip Cou	ode).	(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)

MGR = Ma MGRM = 8	nnager Managing Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Brenda Weiss	7935 N.W. 110 th Drive Parkland, Fl. 33076	Add Remove
MGR	Roz Citrin	9955 N.W. 52nd Street Coral Springs, Fl. 33076	Add Remove
			AND AS
			Add Remove
www.markerlooplessicherleis			Add
Million A Saluet - SMANNESSANIAN			Remove
D. If amer	nding any other information, en	ster change(s) here: (Attach additional sheets, if ne	
e7144			7 PHI2: 53
Dated	10/13	:08	

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00