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| (Requestor's Name) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| . (Document Number) | | | | | |
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OCT 28 2008

EXAMINER



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SECRETARY OF STATE
DIVISION OF CERPORATION

J. PATRICK FITZGERALD & ASSOCIATES, P.A.

ATTORNEYS AT LAW 110 MERRICK WAY SUITE 3-B

CORAL GABLES, FLORIDA 33134 TELEPHONE (305) 443-9162 TELEFAX (305) 443-6613

J. PATRICK FITZGERALD ROBERTO J. DIAZ THOMAS H. COURTNEY MAURA FITZGERALD JENNINGS PALM BEACH ADDRESS P.O. BOX 4888 WEST PALM BEACH, FLORIDA 33402-4888 (561) 659-6438

OF COUNSEL:

SUZANNE A. DOCKERTY

Reply To: Coral Gables

October 24, 2008

Via: Federal Express

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

Re:

Our File No.: 537-002 and 514-004

FFON Investments LLC and New Miami Warehouses, LLC

To whom it may concern:

In connection with the above referenced file enclosed please find the \$25.00 filing fee and Amendment Forms.

Please feel free to contact me should you have any questions or comments.

ncerely,

derka Fernandez, Legal Assistant

uzanne A. Dockerty

Enclosures:

COVER LETTER

| TO: Registration Section Division of Corpo | on , rations | • d = = = = = = = = = = = = = = = = = = | |
|--|---|--|---|
| SUBJECT: New Mian | ni Warehouses. LLC | | |
| | | ited Liability Company) | |
| The enclosed Articles of Ar | nendment and fee(s) are sub | mitted for filing. | |
| Please return all correspond | ence concerning this matter | to the following: | |
| | | | |
| | Suzanne A. 1 | Dockerty, Esq. | |
| | | (Name of Person) | |
| • | J. Patrick | Fitzgerald & Associates, P | .A. |
| | | (Firm/Company) | |
| • | 110 Merrick | Way, Suite 3-B | |
| | | (Address) | |
| | Coral Gable | s, FL 33134 | |
| - | | (City/State and Zip Code) | *************************************** |
| For further information con- | cerning this matter, please c | all: | |
| Suzanne A. Dockert | | at (305) 443-9162 | |
| (Name of I | Person) | (Area Code & Daytime T | 'elephone Number) |
| Enclosed is a check for 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 Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| New Miami Warehouses, LLC (Name of the Limited Liability Com (A Florida Limite | npany as it now apped Liability Company | ears on our records.) | | |
|--|--|---------------------------|---------------------|--|
| The Articles of Organization for this Limited Liability Comp. Florida document numberL08000081764 | any were filed on _ | 8-26-2008 | and assigned | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, <u>enter the new name of the limited l</u> | liability company h | <u>iere</u> : | | |
| The new name must be distinguishable and end with the words "L" L.L.C." | Limited Liability Con | npany," the designation " | | |
| Enter new principal offices address, if applicable: | 8372 NW | 64 Street | SE DIVIS | |
| (Principal office address MUST BE A STREET ADDRESS | | | CRETAR ON OF | |
| Entér new mailing address, if applicable: | P.O. Bo | к 43–0456 | AH CORPORED | |
| (Mailing address MAY BE A POST OFFICE BOX) | S. Miam | i, FL 33243-0456 | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address in the new registered agent. | here: Irene HH | ernandez | | |
| New Registered Office Address: | 8378 NW 64 Street (Enter Florida street address) | | | |
| | | | ŕ | |
| M: | iami (City) | , Florida | 33166 (Zip Code) | |
| | (City) | | (Zip Couc) | |

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 | HDS Construction Company | 8378 NW 64 Street | Add |
| | | Miami, FL 33166 | Remove |
| MGRM | Five Brothers Investments | 8372 NW 64 Street Miami, FL 33166 | Add ☐ Remove |
| | Corporation | MIAMI, PL 55100 | Remove |
| • | | | Add Remove |
| . | | | Add |
| | | | Remove |
| - - | | | Add Remove |
| • | | | —□ Add |
| | | | Remove |
| D. If amen | ding any other information, enter change(| s) here: (Attach additional sheets, if necessary.) | _ |
| | | | |
| _ | | | _ |
| | | | |
| Dated | OCTOPFR 23 , 2008 | | |
| | Signature of a member of | r-authorized representative of a member | |
| | ν | President HDS Construction Company printed name of signee | · |
| | Typed or | printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00