## L08000086115

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08/03/09--01019--001 \*\*25.00

B. KOHR

AUG - 4 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Alterra Ventures, LLC  Name of Limited Liability Company  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:
Adam Singer  Name of Person  A Herra Ventures, cuc  Firm/Company
20201 NE 16th Place
Address  Miani FL 33179  City/State and Zip Code  #Singer a Alteria Cg. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alam Singer at 305 350 - 9490  Name of Person at Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\ \text{Certified Copy} \\ \text{(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

ALTERRA VENTURES, L	LC	A.O. 9
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears la Limited Liability Company)	on our records.)
(	in Diminou Diability Company /	
The Articles of Organization for this Limited Liability	Company were filed on	7/10/08 7 and assigned
Florida document number L0800008	6115	A A S
		12.52 E
This amendment is submitted to amend the following:	•	
This affectament is such thee to affect the following.	,	<b>F</b>
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and end with the vull.L.C."	words "Limited Liability Company	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
·		
B. If amending the registered agent and/or reg		ir records, enter the name of the new
registered agent and/or the new registered office ac	ddress here:	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Ente	er Florida street address
	<del></del>	
	City	, Florida Zip Code
•	Cuy	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>	<u>Address</u>	Type of Action
MGRM	Matthew Wanderer	rozoiNE 16 TPL Miami, FL 33179	Add Remove
M6-R	Robert Seva	20201 NE 16th PL Miami, FL 33179	Add Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
<del></del>			Add Remove
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
			_ _
Dated	7/31 /. 09		
	Signature of a member	or authorized representative of a member	
	Type	Pogo 3 of 3	<del></del>

Page 2 of 2

Filing Fee: \$25.00