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SECRETARY OF STATE
ALL AHASSEE. FLORIDA

T. CLINE

OCT 20 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: Albert I,	LLC				
	(Name of Limi	ted Liability Company)			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Justin Bennett, Esq.				
		(Name of Person)			
	Glinn Somera & Silva				
		(Firm/Company)			
	212 N. Federal Highway				
		(Address)			
•	Deerfield Beach, FL 3344		·	200 TA	
		(City/State and Zip Code)		B OC	example:
For further information co	oncerning this matter, please ca	all:		2008 OCT 17 SECRETARY I	F
Justin Bennett, Esq.		at (954) 426-5553		FS	E
(Name o	of Person)	(Area Code & Daytime To	elephone Number)	AM 10: 50 OF STATE E.FLORIDA	
Enclosed is a check for the	ne following amount:				
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &)

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

Albert I, LLC					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>ils.</u>)			
The Articles of Organization for this Limited Liability Company were filed on 10/6/2008 and assigned					
Florida document number L08000094519	,				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designa				
Enter new principal offices address, if applicable:	9351 158th Rd South	AHAA OCT			
(Principal office address MUST BE A STREET ADDRESS)	RR1 Box 304V	SSE I 7			
	Delray Beach, FL 33446				
Enter new mailing address, if applicable:	9351 158th Rd South	ID: 50			
(Mailing address MAY BE A POST OFFICE BOX)	RR1 Box 304V				
	Delray Beach, FL 33446				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:					
	(Enter Florida str	eet address)			
	, Flor				
	(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 **Type of Action** <u>Title</u> **Name Address** Paul Stina MGRM **□** Add 664 Avocet Rd. ₽ Remove Delray Beach, FL 33444 Gregory Stina MGRM **⊘** Add 9351158th Rd. South Remove RR1 Box 304V Delray Beach, FL33446 Add Remove ☐ Add Remove _ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 50 Dated 10/6/2008 Signature of a member or authorized representative of a member Justin Bennett, Esq.

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee