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TALLAHASSEE. FLORIGI

M. THOMAS

JUN 2 6 2009

**EXAMINER** 

## **COVER LETTER**

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Registration Section Division of Corporations

TO:

SUBJECT:	A LICENSI	E TO STEAL, LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	·	•	
Jeff Reis Name of Person			
		Name of Person	
A LICENSE TO STEAL, LLC			
		Firm/Company	
	観えて		
	SET		
	728		
		Miami, FL 33054 City/State and Zip Code	
		jeffreis@gmail.com to be used for future annual report notifica	
			tion)
For further information of	concerning this matter, please of	call;	
Jeff Reis		at ( 954 ) 64	49-3876
Name o	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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/COURIED Registration Section Division of Corporate Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

JUN 2 5 2009

EXAMINER

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A LICEN	SE TO STEAL, LL	.C		
( <u>Name of the Limited Liability</u> (A Florida	Y Company as it now apper Limited Liability Company)	ars on our records.)		
,				
The Articles of Organization for this Limited Liability C	company were filed on	11/03/2000	and assigned	
Florida document numberL08000102463	·			
•		•		
This amendment is submitted to amend the following:	,			
A. If amending name, enter the new name of the lim	ited liability company he	ere:		
,	•	_		
The new name must be distinguishable and end with the wo	rds "Limited Liability Com	pany," the designation "	LLC" or the abbreviation	
"L.L.C."	<b>-</b> ,,	,,	1.0	
Enter new principal offices address, if applicable:	15001 NW 4	12nd Avenue		
(Principal office address MUST BE A STREET ADDI	RESS) Miami, FL 3	3054	観る「	
			SE O M	
·	·		M9 5 0	
Pater and the address of an Backler	15001 NIW /	12nd Avenue	To to	
Enter new mailing address, if applicable:	*****		25 C	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 3	3054		
			<del>_</del>	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, enter	the name of the new	
registered agent and/or the new registered office add	it ess itere.			
Name of Name Designated According				
Name of New Registered Agent:				
New Registered Office Address: 1500	1 NW 42nd Avenue			
Enter Florida street address				
	Miami	, Florida	33054	
<del></del>	City	<del></del>	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 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 **Title Address Type of Action** <u>Name</u> **MBR** Hugo Gomez .□ Add 15001 NW 42nd Avenue Remove Miami, Fl 33054 MBR Jeff Reis 15001 NW 42nd Avenue Remove Miami, FL 33054 MGRM Executive Investment Par 15001 NW 42nd Avenue PARTHERS, LLC Miami, FL 33054 MGR Jeff Reis 15001 NW 42nd Avenue Miami\_FL 33054 □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 22 2009 Dated\_ of a member or authorized representative of a member

Fabio Alexander
Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00