

Division of Corporations Electronic Filing Cover Sheet

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L. SELLERS

To:

Division of Corporations

Fax Number : (850)617-6383

NOV. - 7 2011

**EXAMINER** 

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

RECEIVED INNOV-L PN # 28 SECRETARY OF STATE ALLAHASSEE FLORIDA

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN US BUSINESS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

TILED

11 NOV -4 AH II: 52

SECRETARY OF STATE
ALLAHASSEE FI OR IIIA

Electronic Filing Menu

Corporate Filing Menu

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## H11000264150

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

US Business LLC		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
The Articles of Organization for this Limited Liability Company  Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If smending name, enter the new name of the limited liable	lity company here:	
The new name must be distinguishable and end with the words "Limit"L.L.C."	ed Liability Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	3301 NE 183 Nd STIE Aventura, FL, 33160	et Suitelfos
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		he name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	
	Florida	STAIL:
	City	20 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

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MGR - Manager

## H11000264150

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;

MGRM - Managing Member Title <u>Name</u> Address Type of Action Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November Signature of a member or authorized epresentative of a member Typed or printed name of signce

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Filing Fee: \$25.00

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