

# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)634-3694 Phone Fax Number

: (305)633-9696

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

### ANTONELA LLC

| Certificate of Status | 0       |
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EXAMINER

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12/10/2008 11:38 AM

EMPIRE CORP KIT

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## ARTICLES OF AMENDMENT TO

| <i>( )</i>   | ORGANIZATION  |                          |
|--|---|--------------------------|
| - <del> </del>   | of<br>.A LLC  |                          |
| 7 3 4 1 -  |   | <u></u>                  |
| (Name of the Limited Liability Com<br>(A Florida Limited                 | ouny as it now appears on our records.)  Liability Company) |                          |
| ·  | 11 _  |                          |
| The Articles of Organization for this Limited Liability Compared         | ny were filed on 11/12/08                                   | and assigned             |
| Plorida document number 1 08000105687                                    | , .   | - 2                      |
|  |   |                          |
| This amendment is submitted to amend the following:                      |   | ZOO DEC I                |
|  |   |                          |
| A. If amending name, enter the new name of the limited it.               |   | SER O                    |
|  | fore, LLC   |                          |
| The new name must be distinguishable and end with the words "Li "L.L.C." | mited Liability Company," the designation "                 | LLC or the above viation |
| L.D.G.   |   | 1 <b>5</b>               |
| Enter new principal offices address, if applicable:                      |   | (D)                      |
| (Principal office address MUST BE A STREET ADDRESS)                      |   |                          |
|  |   |                          |
|  |   |                          |
| Enter new mailing address, if applicable:                                |   |                          |
| (Molling address MAY BE A POST OFFICE BOX)                               |   |                          |
|  |   |                          |
|  |   |                          |
| B. If amending the registered agent and/or registered                    | office address on our records, enter                        | the name of the new      |
| registered agent and/or the new registered office address h              | ere:  |                          |
| •  |   |                          |
| Name of New Registered Agent:  |   | ·······                  |
| N. D. L. 1965-433  |   |                          |
| New Registered Office Address:   | (Enter Florida street ac                                    | ddress)                  |
|  | •   | · <b>y</b>               |
|  | (City)  | (Zip Code)               |
|  | (Cuyy   | (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)

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If gmending 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 <u>Name</u> Address Type of Action ₫ Add Remove □ Add Remoye Remove DbA 🗖 CRE AND ROW D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2008 ELEMBER

Dipod or printed name of signee
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Signature of a member or authorized representative of a member

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