

LO8000114657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

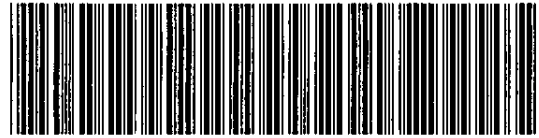
LO8-114657

(Document Number)

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04/07/09--01016--026 \*\*25.00

S. HAWKES  
APR 24 2009  
EXAMINER

FILED  
09 APR 22 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
APR - 8 2009  
EXAMINER

W



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 8, 2009

ANGELA MONDESI  
3615 W VINE ST  
KISSIMMEE, FL 34741

SUBJECT: NEW YORK GROUP OF FLORIDA L.L.C  
Ref. Number: L08000114657

We have received your document for NEW YORK GROUP OF FLORIDA L.L.C and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 009A00011869

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: New York Group Of Florida LLC  
(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:

ANGELA MONDESI

(Name of Person)

NEW YORK GROUP OF FLORIDA

(Firm/Company)

3615 W. VINE ST

(Address)

KISSIMMEE, FL 34741

(City/State and Zip Code)

For further information concerning this matter, please call:

ANGELA MONDESI

(Name of Person)

at ( 407 ) 933-7757

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

NEW YORK GROUP OF FLORIDA 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 were filed on 12/17/2008 and assigned

Florida document number L08000114657

FILED  
APR 22 PM 3:42  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing 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 here:**

Name of New Registered Agent:

ANGELA MONDESI

New Registered Office Address:

3615 W,VINE ST

(Enter Florida street address)

KISSIMMEE

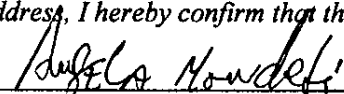
(City)

Florida 34741

(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>	<u>Type of Action</u>
MGRM	ANGELA MONDESI	615 WEST 184TH ST. SUITE 3G NY, NY 10032	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ROSAURA GARCIA	3615 W. VINE ST KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	HAMILTON HENRY	3615 W. VINE ST KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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KISSIMMEE, FL  
CLERK OF DISTRICT COURT

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

4-12-09

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00