Florida Department of State

Division of Corporations Public Access System

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Account Name : SIEGELAUB, GOLDING, & FELLER, P.A.

Account Number : I19990000058 Phone : (954)753-2222 : (954)753-1123 Fax Number

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

11606 N.W. 29 ST. 7-A, LLC

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T-247 P002/003 F-607

H090000104923

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE OF

11606 N.W. 29 St. 7-A, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| (**** | | 77 | |
|---|--------------------------------|----------------------|-------------------------------|
| The Articles of Organization for this Limited Liab | oility Company were filed on _ | 12/23/08 | and assigned |
| Florida document number L08000116524 | · | | |
| This amendment is submitted to amend the follow | ring: | | |
| A. If amending name, enter the new name of the | he limited liability company | <u>here</u> : | |
| 3941 N.W. 31 A | | | • |
| The new name must be distinguishable and end with t "L.L.C." | he words "Limited Liability Co | mpany," the designat | ion "LLC" or the abbreviation |
| Enter new principal offices address, if applicab | le: | | |
| (Principal office address MUST BE A STREET . | ADDRESS) | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BC | <u> </u> | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address: | | | |
| | (Enter Florida street address) | | |
| <u>-</u> | | , Florid | |
| | (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)

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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:

| | | | Add Remove |
|---|---------------------------------------|--|-------------------------------|
| | | | Remove |
| | | | |
| | | | |
| | | | Add Remove |
| | , , , , , , , , , , , , , , , , , , , | | Add Remove |
| | | | Add Remove |
| . If amending | any other information, cuter change | (s) bere: (Attach additional sheats, if necessar | y.) |
| *************************************** | // | | |
| ited | January 14 , 2009 | · | |
| Testing | Signature of a member o | r authorized representative of a member | SECRE DIVISION Q9 JAN |
| | Eri Typed o | c Nathanson r printed name of signee | |
| | | Page 2 of 2 0000 104923 | TARY OF STATE OF CORPORATIONS |