L080001/68/3

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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(Document Number)				
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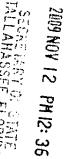
EXAMINER

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11/12/09--01027--020 **25.00



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CB ALL NATIONS REALTY, 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:	2009 NOV 12	I
BURRLADER ALEX CSHIFRA Name of Person CB ALL NATIONS REALTY, LLC Firm/Company	12 PM 12: 36	
18090 collins Ave T-10		
SUNNY IS LES BLACK, FL 3316 City/State and Zip Code ALBU270 MSN. COM E-mail address: (to be used for future annual report notification)	0	
For further information concerning this matter, please call:		
BURRLADER ALEX CSHIFRA at (305) 705-0050 Name of Person Area Code & Daytime Telephone Number	r	
(additional copy is enclosed) Certified	ate of Status &	osed)

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

CB ALL NATIONS	REALTY,	UC	•		
(Name of the Limited Liability Comp (A Florida Limited	<u>any as it now appéa</u> Liability Company)	rs on our re	ecords.)		
The Articles of Organization for this Limited Liability Compan Florida document number <u>L0800116813</u>	y were filed on	12/24	1/2008	, _ and a	ssigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company he	re:			
The new name must be distinguishable and end with the words "Lin'L.L.C."	nited Liability Comp	pany," the de	signation "LLC	or the	e abbreviatio
Enter new principal offices address, if applicable:			:		
Principal office address MUST BE A STREET ADDRESS)			<u> </u>	2009 NOV	<u>. </u>
			5 3	<u> </u>	
			表記	-==	Cherrys en.ucken C
Enter new mailing address, if applicable:				2	<u>1</u>
Mailing address MAY BE A POST OFFICE BOX)			7	3	- 1-4-1
Muning duaress MAT BE A FOST OF FICE BOX)			95	<u>-iż</u>	
			1.0	<u> </u>	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		our record	ds, <u>enter the</u>	name	of the nev
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	<u>.</u>			
New Registered Office Address:	r	utou Elmid	a street addres		
	E.	nier r ioriac	i sireei aaares	ī S	
			Florida	71. 0	
	City			Zip Co)de

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:

	Manager = Managing Member	•	
<u>Title</u>	Name	Address	Type of Action
MGR	PosiN MONICO	- 18090 collins AV T-10 SUNNY Isles BEACH	Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
			An Redd
D. If am	ending any other information, enter c ELA ZYNY - Char 16546 NE 26 ⁴⁶ NORTH MIAMI B		
Dated	Chife	2009 Surve Jaco moer or authorized representative of a member	
		yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00