## L0900000 3955

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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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: `(Document Number)
: (Bootiment Number)
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SECRETARY OF STATE
TALLAHASSEE, FLORID

## **COVER LETTER**

TO: Registration Section Division of Corpo	orations				
SURJECT: MIRZ	Am INVEST	OR SREEN CA	RD, LL	<u>'</u> C	
	Name of Limi	ted Liability Company	· ·		
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.			
Please return all correspond	lence concerning this matter	to the following:			
	رکر	ICTER JANSEN	J		
		Name of Person	<del>.</del> .		
		Firm/Company		= ~	
	1 MAIN	Address  City/State and Zip Code	6 200	2009 SEP 25 PM 1: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA	417-13
		Address		EP 2	- T
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		City/State and Zip Code			[ I.
	E-mail address: (	to be used for future annual report notifica	tion)		25.00
For further information con	cerning this matter, please c		,	₽ 0	
PIETES	r Jansen	at ( 561) 741  Area Code & Daytime 1	3000		
Name of P	Person	Area Code & Daytime 7	Telephone Number		
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	_	\$55.00 Filing Fee &	\$60.00 Filir	na Fee	
23.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate Certified	e of Status &	)
MAILIN	IG ADDRESS:	STREET/COURIE	R ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 \_ L09000003955 Florida document number 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 "Lights or the "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: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> Type of Action MGRM MIRZAM VENTURE , MAIN Str. SUITE 200

CAPITAL, LLC TAQUESTA, FL, 33469 Remove

AGRM MIRZAM HOLDINGS, LLC , Mail Str, Suite Add

TREMOVE

TERMOVE

TERMOVE

TERMOVE Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) pature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00