

# L09 000013764

Florida Department of State  
Division of Corporations  
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To:

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Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC  
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2711 SE 16 AVE, LLC

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MARTIN ACCOUNTING

PAGE 02/04

6/11/2009 7:21:13 AM PAGE 1/001 Fax Server



June 11, 2009

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2711 SE 16 AVE, LLC  
PO BOX 942047  
MIAMI, FL 33194US

SUBJECT: 2711 SE 16 AVE, LLC  
REF: L09000013764

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6020.

Tammi Cline  
Regulatory Specialist II

FAX Aud. #: H09000140377  
Letter Number: 609A00019641

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

2711 SE 16 AVE, 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 02/11/2009 and assigned  
Florida document number L09000013764.

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**)

4823 NW 66TH AVE

FT. LAUDERDALE, FL 33319-7010

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

4823 NW 66TH AVE

FT. LAUDERDALE, FL 33319-7010

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**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:

JERRY FOSTER

New Registered Office Address:

4823 NW 66TH AVE

*Enter Florida street address*

FT. LAUDERDALE

Florida

33319-7010

*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.

Jerry Foster

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	DE VARONA, CARLOS	8726 NW 26TH STREET STE 11 DORAL, FL 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	RODRIGUEZ, MAYTED	13223 SW 11 TERRACE MIAMI, FL 33184	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	FOSTER, JERRY	4823 NW 66TH AVE FT. LAUDERDALE, FL 33319-7010	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	BELGRAVE, GERALD	4823 NW 66TH AVE FT. LAUDERDALE, FL 33319-7010	<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

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

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

Dated JUNE 10TH, 2009

Carlos De Varona

Signature of a member or authorized representative of a member

CARLOS DE VARONA

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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