## 169000018368

(Requestor's Name)	,
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AIL
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(Business Entity Name)	
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(Document Number)	
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G. MCLEOD

JUN 29 2009

**EXAMINER** 



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06/26/09--01013--003 \*\*30.00

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OP THE SECRETARY OF

## **COVER LETTER**

TO: Registration Division of C			
SUBJECT:	IDN	MAMI LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		ARON GOLDSTEIN	<u>.,                                    </u>
		Name of Person	
		Firm/Company	
	1475 WEST C	YPRESS CREEK RD. SUIT	E 202
		Address	
	FT. L	AUDERDALE FL, 33309	
		City/State and Zip Code	
	AARON E-mail address: (1	@MIDGARDGROUP.COM to be used for future annual report notifice	ation)
For further information	concerning this matter, please c	all:	
	ON GOLDSTEIN	ai(	68-6684
Name	e of Person	Area Code & Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

	IDMIAMI LLC			
(Na	ame of the Limited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.		
The Articles of Organization	for this Limited Liability Company were filed on	2/24/09	and a	ssigned
Florida document number	L09000018368			
This amendment is submitted	to amend the following:			
A. If amending name, enter	r the new name of the limited liability company h	e <u>re</u> :		
	PROJECT MIAMI LLC			
The new name must be distingu "L.L.C."	hishable and end with the words "Limited Liability Comp	pany," the designation "L	LC" or the	e abbreviation
Enter new principal offices	address, if applicable:			0
(Principal office address MU	<u>IST BE A STREET ADDRESS)</u>		09 J	1810 1810
			26	
Enter new mailing address,	if applicable:			
(Mailing address MAY BE A	POST OFFICE BOX)		Ÿ	
			19	to make the second seco
				ef
	tered agent and/or registered office address on	our records, enter t	<u>he name</u>	of the nev
registered agent and/or the	new registered office address here:			
Name of New Regis	stered Agent:			<u> </u>
New Registered Off	fice Address			
THE INCIDENCE OF		Enter Florida street add	ress	
	<u></u>	, Florida		
	City		Zip Co	ode

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

<u> Citle</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	<del></del>		Add Remove
			Add Remove
). If amen	nding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
			<del>-</del> 
	02	<u>0</u> 9.	_
Dated	June 23, 20		
Dated	Q	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00