L09000019320

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S. HAWKES

DEC - 8 2009

EXAMINER

COVER LETTER

Division of Co					
SUBJECT:	SOMI Bus	iness Center LLC			
	Name of Limi	ted Liability Company			
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	pondence concerning this matter	to the following:			
	Jorge Salles				
		Name of Person			
	SOM	MI Business Center LLC	<u> </u>		
		Firm/Company			
	430	430 Grand Bay Drive #603			
		Address			
Key Biscayne, Fl 33149					
	iora	City/State and Zip Code			
	E-mail address: (e_salles@hotmail.com o be used for future annual report	notification)		
For further information	concerning this matter, please c	all:			
	Jorge Salles	at (_305_)	588-9956		
Name	of Person	Area Code & D	aytime Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS:		STREET/COURIER 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

SOMI Business Center LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now app Liability Company	ears on our records.) /)		
The Articles of Organization for this Limited Liability Company Florida document numberL09000019320	were filed on _	February 26, 2009	and assigned	
This amendment is submitted to amend the following:			PALL OPREC -7 SECRETARI TALLAHASS	
A. If amending name, enter the new name of the limited liab	ility company l	<u>aere</u> :	7 PHE SSEE, FI	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Con	npany," the designation "L	LC' a the abservation	
Enter new principal offices address, if applicable:	430 Grand Bay Drive			
(Principal office address MUST BE A STREET ADDRESS)	Unit 603			
	Key Biscay	ne, FL 33149		
Enter new mailing address, if applicable:	430 Grand	Bay Drive		
(Mailing address MAY BE A POST OFFICE BOX)	Unit 603			
	Key Biscay	ne, FL 33149		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ı our records, <u>enter t</u>	<u>he name of the new</u>	
Name of New Registered Agent: Jorge Salles	3			
New Registered Office Address: 430 Grand B	Bay Drive Un	it 603		
	Enter Florida street address			
· Ke	y Biscayne	Florida	33149	

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 hapter 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

Page 1 of 2

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 **Address** Type of Action <u>Title</u> <u>Name</u> Marcelo Fernandes MGR 3523 N Bayhomes Drive ☐ Add Miami, FL 33133_____ ✓ Remove Jorge Salles MGR 430 Grand Bay Drive ✓ Add Remove Unit 603 Key Biscavne, Fl 33149 ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 30 2009 Dated_ Signature of a member or auth esentative of a member Joìg∉ Salles Typed or printed name of signee

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Filing Fee: \$25.00