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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

NOV 1 7 2009

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations						
SUBJECT:	1600 N FEI	DERAL HWY, LLC				
30bJEC,1:		ted Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corre	spondence concerning this matter	to the following:				
	K	KARAN MUNUSWAMY				
	Name of Person					
Firm/Company						
	110	110 BAY COLONY DRIVE				
		Address				
	FORT LAUDERDALE, FL 33308					
	IWEI	City/State and Zip Code ZIEN@CWBCPAS.COM				
	E-mail address: (to be used for future annual report not	tification)			
For further information	on concerning this matter, please of	all:				
JAMES WELZIEN		at (<u>954</u>)	739-9000			
Nan	ne of Person	Area Code & Dayti	me Telephone Number			
Enclosed is a check for	or the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Reg Div P.O	gistration Section rision of Corporations Box 6327 Rahassee, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center-Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1600 N F	<u>FEDERAL HWY, LL</u>	.C	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appear Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	02/27/2009	and assigned
Florida document number L0900019595	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	ere:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		- <u>8 × × × × × × × × × × × × × × × × × × </u>
Enter new mailing address, if applicable:			VI6
(Mailing address MAY BE A POST OFFICE BOX)			स् स्व
			PRAMI
B. If amending the registered agent and/or regi	stered office address on	our records, enter th	ne name of the nev
registered agent and/or the new registered office ad			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	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.

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 Title . **Address Type of Action** <u>Name</u> KARAN MUNUSWAMY MGRM 110 BAY COLONY DRIVE 🗸 Add FORT LAUDERDALE, FL 33308 Remove MGRM SARITA MUNUSWAMY **✓** Add 110 BAY COLONY DRIVE FORT LAUDERDALE, FL 33308 ☐ Remove ☐ Add Remove Add Remove $\prod Add$ Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **NOVEMBER 10** 2009 Dated_ Signature of a member or authorized representative of a member KARAN MUNUSWAMY Typed or printed name of signee

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Filing Fee: \$25.00