

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000072507 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146 Phone : (305)444~4994

Fax Number

: (305)444~4977

AMND/RESTATE/CORRECT OR M/MG RESIGN

PIACENZA HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 3 0 2009

https://efile.sunbiz.org/scripts/efilcovr.exe

302444977



3/27/2009 36:S 2009 75 75M

(((H09000072507)))

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

THE HOL	DIN 82 LLC	
(A Florida L	Campany as it now annears on our imited Lability Company)	records.)
The Articles of Organization for this Limited Liability C.		
Florida document number <u>L0700025374</u>	<u> </u>	und assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>sater the new name of the limb</u>	ted dability company hore:	
The new name must be distinguishable and and with the word "L.L.C."	is "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BR A STREET ADDRI	<u>888</u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registered agent and/or the new registered office address.		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Refer Flori	ida street address)
	·	
	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Resistered	Asset:	

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 Resistered Agent)

Page 1 of 2

(((H09000072507)))

If smending 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:

Ottle)	Name	Address	Type of Action
MGR /	TERNON RODRIENEZ	2005 South Bayshore Drive, Suite 70. Highi, FL 33155	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	,		Add Remove
. If amendi	ng any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
			-
ated Han	th ac	thank	

Page 2 of 2 Filing Fee: \$25.00