# 109000038491

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
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	(,			
(Document Number)				
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D. BRUCE

SEP 4 2009

**EXAMINER** 

## **COVER LETTER**

SUBJECT:		RGANIZATION, LL	C	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
		William Gerstein		
		Name of Person		
Gerstein & Baret, PL				
		Firm/Company		-
	3007 W	Commercial Blvd., Ste	e. 105	
	Address			
	Fort La	auderdale, FL 33309-8 City/State and Zip Code	3501	09 SE
	wa@	ousaimmigrationlaw.co	m	P P AS
	E-mail address: (	to be used for future annual repor	rt notification)	SEE SEE
For further information of	concerning this matter, please of	call:		FILED 9 SEP -3 PM 1: CRETARY OF STA LAHASSEE, FLOO
Wil	liam Gerstein	at ( 954 )	486-9966	OS RIE
Name o	of Person		Daytime Telephone Numbe	er
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certifie	ate of Status &

### **MAILING ADDRESS:**

Registration Section
Division of Corporations

TO:

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

(Name of the Limited Liebility Compa			
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	in our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL0900038491	were filed on	04/21/2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company,	" the designation "LI	.C" or the abbreviatio
Enter new principal offices address, if applicable:	777 South Flag	ler Dr <u>ive</u>	
(Principal office address MUST BE A STREET ADDRESS)	Suite 800 - Wes	st Tower	TA <sub>S</sub>
	West Palm Bea	ch, FL 33401	S S S
Enter new mailing address, if applicable:	777 South Flagi	er Drive	37
(Mailing address MAY BE A POST OFFICE BOX)	Suite 800 - Wes	st Tower 🞅	Z M
	West Palm Bea	ch, FL 3340€	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, enter th	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:	, 		
	Enter	Florida street addr	ess
		, 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 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>	Address	Type of Action
MGRM	ANASTASIA DE HAVILLAN	9482 MADEWOOD CT. ROYAL PALM BEACH FL 334	☐ Add 111-4409
MGRM	Seven Seven Holdings, LL	777 South Flagler Drive Suite 800 - West Tower West Palm Beach, FL 33401	Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
D. If am	nending any other information, enter cha	ange(s) here: (Attach additional sheets, if no	ecessary SSEE
	Please change the mailing address	s of MGRM Jurca, Nadia Nicoleta to	
	777 South Flagler Drive		Frs P
Su	Suite 800 - West Tower		: 09
	West Palm Beach, FL 33401		
Dated	September 2 ,	2009	
	11	jul -	
	_	ber or authorized representative of a member	
		stein, Authorized Representative	

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Filing Fee: \$25.00