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Certified Copies	_ Certificates	of Status
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07/26/10--01008--018 **25.00

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

JUL **2 7** 2010



COVER LETTER

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TO:	Registration Section Division of Corporations	
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	t	

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LAZARUS ASSET MANAGEMENT Name of Limited Liability Company LLC SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	TIMOTHY B	RUGGIERO	
		Name of Person	
	LAZARUS,	ASSET MANAGEMENT Firm/Company	
	9540 NW	10th STREET Address	
	PLANTATIC	N, FL 33322 City/State and Zip Code	
	E-mail address: (to	D lazarusasset. Com be used for future annual report notification)	
For further inform	ation concerning this matter, please cal	1:	
_			,
TIMOTH	14 B. RUGGIERO	at (<u>954)</u> 960-7100	
	Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a chec	k for the following amount:		
\$25.00 Filing	Fee Status Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)	·
ч. — и -	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	

	F AMENDMENT	
	ORGANIZATION OF	
	Ur	
	MANAGEMENT	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our rec d Liability Company)	cords.)
ne Articles of Organization for this Limited Liability Compa	ny were filed on05/01/	09 and assigned
orida document number <u>L09000043351</u> .		
his amendment is submitted to amend the following:		
		· · · · · · · · · · · · · · · · · · ·
. If amending name, enter the new name of the limited li	ability company here:	
N/A	·	
he new name must be distinguishable and end with the words "L L.L.C."	imited Liability Company," the desi	gnation "LLC" or the abbreviation
nter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS	· · ·	DIV Vio
		10, ISIO
		UL NET
		N 7747
nter new mailing address, if applicable:	N/A	5 g 3
· · · · · · · · · · · · · · · · · · ·	N/A	6 GORPE
	N/A	6 ANII:
	N/A	GRATIO
<u> Mailing address MAY BE A POST OFFICE BOX)</u>	N/A office address on our records	RATE REAL REAL REAL REAL REAL REAL REAL REA
Mailing address MAY BE A POST OFFICE BOX) . If amending the registered agent and/or registered		GRATION RATION S, enter the name of the he
<u>Mailing address MAY BE A POST OFFICE BOX</u>) . If amending the registered agent and/or registered		GRATION RPF STATION RATION S, enter the name of the he
Cailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered		AT OF STATE
If amending the registered agent and/or registered gistered agent and/or the new registered office address is the Name of New Registered Agent:		s, enter the name of the he
Aailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered gistered agent and/or the new registered office address h		<u> </u>
Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered egistered agent and/or the new registered office address here and the new registered office address here N/A	tere: Enter Florida	street address
	tere: Enter Florida	<u> </u>

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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member ţ

<u>Title</u>	Name	Address	Type of Action				
MGR	TONIA PFANNENSTIEL	9540 NW 10th STREET PLANTATION, FL 33322	Add Remove				
MGRM	TIMOTHY B. RUGGIERO	9540 NW 10th STREET PLANTATION, FL 33322	PAdd Remove				
			Add Remove				
			Add Remove				
	· · · · · · · · · · · · · · · · · · ·		Add Remove				
	•		Add Remove				
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)							
			FILED SECRETARY OF STATE VISION OF CORPORATIONS 10 JUL 26 AM 11: L 1 1 1 1				
 Dated(July 10, 201 Smalth	nnenstril	_ UTE				
Signature of a member/or authorized representative of a member TONIA PFANNENSTIEL							
Typed or printed name of signee							
Page 2 of 2							

Filing Fee: \$25.00