

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.

(((H09000123881 3)))



H090001238813ABC%

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 : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696 FILED 09 MAY 18 AM 10: PO SECRETARY OF STAND ALLAHASSEE, FLORE

LLC AMND/RESTATE/CORRECT OR M/MG RESEGR

5 601 OAKLAND PARK, LIMITED LIABILITY COMPANY

RECEIVED

HAY 18 PH 2: 01

SECRETARY OF STATE

MI AHASSEE, FLORIDA

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

D. BRUCE

MAY 19 2009

Electronic Filing Menu

Corporate Filing Menu

EXAMINER

l of l

5/18/2009 12:50 PM

PAGE 01/03

EMPIRE CORP KIT

9696259508

22:61 6002/81/90

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

601 OAKLAND PARK, LIMITED LIABILITY COMPANY (Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company were fi	led on MAY 13, 2009	
	160 00 WIA 1 13, 2009	and assigned
Florida document number L09000046519	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability con	npany here:	
The new name must be distinguishable and end with the words "Limited Liab "L.L.C."	ility Company," the designation "Li	LC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
-		LEC 99
		HAY TAY
Enter new mailing address, if applicable:		SS AA
(Mailing address MAY BE A POST OFFICE BOX)		mc -
·		77 3
B. If amending the registered agent and/or registered office address here:	iress on our records, <u>enter th</u>	e Time of the new
S		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	es.
	, Florida	
City New Registered Agent's Signature, if changing Registered Agent:		Zip Code
		•

ins 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

Page 1 of 2

1000123881

109000123881

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:

MGRM = Managing Member Title Name <u>Address</u> Type of Action MGRM OMAR FERNANDEZ 3800 INVERRARY BLVD, 203 📝 Add LAUDERHILL EL 33016 Romave MGRM RAUL GONZALEZ 3800 INVERRARY BLVD, 203 🗹 Add LAUDERHILL FL 33016 Remove D A dd 🔲 Remove] Add Romove _ Ad∂ □ Remove Add Remove D. If smending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **MAY 18** 2009 Dated Signature of a member or authorized representative of a member OMAR FERNANDEZ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

H09000123881

MGR = Manager