L09000049472

(Requestor's Name)	
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(Address)	
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2009 JUL 27 AM ID: 46
SECRETARY OF STATE
ANASSEE FLORID

T. CLINE

JUL 28 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Mame of Limit	ed Liability Company		
•				
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Robe	Name of Person		
	<u> </u>	Firm/Company		
	2820	NW 42nd Way		
	Bo	City/State and Zip Code 33	796 ZE ZE	
	E-mail address: (t	o be used for future annual report notification	AHASA JUL 2	
For further information	concerning this matter, please co	all:	7 Al	
Robert	t Milleman	at (561) 997-0 Area Code & Daytime Te	835 Elephone Number 577 6	<u></u>
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	xl)
	•			

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moules	HC		
(Name of the Limited Eiability ((A Florida Lim	Company as it now appears or mited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L0906004947</u>		2//WOG and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company,"	the designation "LLC" of the abbreviation	
Enter new principal offices address, if applicable:		AFF.	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	\$3 \$3	
	 	mo = iii	
		5 TAT	
Enter new mailing address, if applicable:		- ROPE 5	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		records, enter the name of the new	
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 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>	Name	Address	Type of Action			
MERM	Judith Galina	7 Balint Drive yorkers, Ny 10710	Add Remove			
MERM	Shayon Barlin	Lyntruck, NY 11063	Add Remove			
<u>MGR</u> M	Robert Wittlemon.	5850NW Yand Way Boca Raton, Flassyal	Add Remove			
			S∏ Add □ Remove			
			A 2			
		ب بر بر	Add F			
			<u>\$</u> 5			
		>	Add			
			Remove			
D. If amendi	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.))			
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****		a see an ann an bhaill an an Air an Aire an Air an Aire an Air				
Dated	July 27, 200	? 1 .				
	2001/14	Aa.				
•		or authorized representative of a member				
	Robert M	uttleman or printed name of signee	·			

Page 2 of 2

Filing Fee: \$25.00