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SECRETARY OF STATE ALLAHASSEE, FLORID.

## **COVER LETTER**

Division of Corp	orations		,	
SUBJECT:	ALBERT	O & SON'S LLC		
	Name of Lim	ited Liability Company		_
The enclosed Articles of A	Amendment and fee(s) are su	bmitted for filing.		
Please return all correspon	dence concerning this matter	r to the following:		
	•			
		ALBERTO SAPIR		
		Name of Person		_
		Firm/Company		
		11224 NW 5TH ST		
		Address		
	COF	RAL SPRINGS FL 330	71	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		_
	AS	SAPIR@MYACC.NET		
	E-mail address: (	to be used for future annual repo	rt notification)	-
For further information co	ncerning this matter, please o	call:		
AL DE	DTO CADID	054	075 5077	
Name of	RTO SAPIR	at ( <u>954</u> )	975-5977  Daytime Telephone Numb	
Traine of	7 (130)	The code to	say time Telephone a.m.	
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 en	Certifi closed) Certifi	Filing Fee, cate of Status & led Copy onal copy is enclosed)

MAILING ADDRESS:

TO:

**Registration Section** 

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

ALBERTO &	SON'S, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appea Liability Company)	<u>irs on our records.</u> )	
The Articles of Organization for this Limited Liability Company	were filed on	MAY 21, 2009	and assigned
Florida document numberL0900049727		•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Limit".L.C."	ited Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	9469 W ATL	ANTIC BLVD #9	319 A
(Principal office address MUST BE A STREET ADDRESS)	CORAL SPE	RINGS	15
Enter new mailing address, if applicable:	FL 33071		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		-	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Er	nter Florida street add	dress
<del></del>	City	, Florida	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

Title .	<u>Name</u>	<u>Address</u>	Type of Action
			•
MGRM	TOMER CHOCHAN	5021 WILES RD COCONUT CREEK FL 33073	Add Remove
		- CANONIO - CANO	
			☐ Add
<del></del>			Remove
			Add
			Remove
			_
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D. If amen	ding any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)	
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			<del></del>
			_
	OFFICIAL A	0011	<del></del>
D.4J	SEPTEMBER 14	<u>2011</u> .	
Dated			
Dated	s ala		
Dated	Signature of a	member or authorized representative of a member  ALBERTO SAPIR	

Page 2 of 2

Filing Fee: \$25.00