## Division of Corpor Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H12000084333 3)))



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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FERN VALLEY HOLDINGS, LLC

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Corporate Filing Menu

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B. BOSTICK

**VWEBICVENAIV** 

03/31/2012 13:24 3053978521

## **COVER LETTER**

Division of Co	orporations			
SUBJECT:	FERN VALLE	EY HOLDINGS, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sui	brnitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
		Silvana Zirulnikoff		
		Name of Person		
	FERN	VALLEY HOLDINGS, L	LC .	
•		Firm/Company		
		4130 COLLINS AVE		
		Address		
	MI	AMI BEACH, FL 33140		
		City/State and Zip Code		
		anadel2002@yahoo.es to be used for future annual report r	otification)	
For further information	concerning this matter, please of		·	
Silv	vana Zirulnikoff	at ( 305 )	947-0477	
Name	of Person		ytime Telephone Number	<del>_</del>
	<i>,</i>	• •		
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certified	e of Status &
				12 SLU TALL
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Se Division of Co Clifton Buildin 2661 Executive	rporations lg e Center Circle	APR -2 AH
		Taliahassee, FI	∠ 0.45¢1	D STATE

TO:

Registration Section

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FERN VALLEY HO			<u></u>	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appear bility Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company w	/ere filed on	05/22/2009	and assigne	:d
Florida document number L0900050237				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	ty company her	<b>e:</b>		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Compa	ny," the designation "L	LC" or the abbre	viation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
			2 49 ·	
			풍! ㅋ .	*******
Enter new mailing address, if applicable:			SE N	Laneau .
(Mailing address MAY BE A POST OFFICE BOX)				7
		•	<u> </u>	·
man in the second secon	4 6		BE 9.	
B. If amending the registered agent and/or registered officegistered agent and/or the new registered office address here:	te address on o	our records, enter t	re-name or to	ie nen
Name of New Registered Agent:			<del>-</del> -	
New Registered Office Address:				
New Registered Office Address.	En	ter Florida street addi	ress	
	•	. Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
		· • • · · · · · · · · · · · · · · · · ·	4	tel-
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple	e to act in this co ete performance	apacity. I further agr of my duties, and I a	ree to compty v em familiar wit	vitn h and
accept the obligations of my position as registered agent as pr	ovided for in Cl	hapter 608, F.S. Or,	if this docume	nt is

If Changing Registered Agent, Signature of New Registered Agent

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company has been notified in writing of this change.

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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 Type of Action <u>Title</u> Name Address MGRM LLENI GARCIA VASCO 4130 COLLINS AVE ☑ Add MIAMI BEACH FL 33140 Removo ∏ Add Remove Remove Add Remove  $\square \Lambda dd$ ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 31 Signature a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Silvana Zirulnikoff
Typed or printed name of signee