## 209000050750

(R	Requestor's Name	)
(A	\ddress)	<u>-</u>
(A	Address)	
(C	City/State/Zip/Phor	ne #)
P:CK-UP	☐ WAIT	MAIL
<u> </u>		
(E	Business Entity Na	ime)
(C	Document Number	r)
Certified Copies	Certificate	es of Status

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A. LUNT

AUG 14 2011

**EXAMINER** 

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SECRETARY OF STATE

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## **COVER LETTER**

	egistration Section ivision of Corporations			
SUBJECT				
	Name of Limited Liability Company			
The enclos	ed Articles of Amendment and fee(s) are submitted for filing.			
Please retu	rn all correspondence concerning this matter to the following:		,	
	Ceage Weiss			
	Name of Person			
		Z	201	
	Firm/Company	TAT.	2 AU	77
	9273 Edins Ave, Apt. 209	IARY (	2012 AUG 1:3	
	Suffside FL 33157 City/State and Zip Code	OF STAT	PH @	$\Box$
	City/State and Zip Code	Na Carri	କ୍ରୀ କ୍ରୀ	
	E-mail address: (to be used for future annual report notification)			
For further	information concerning this matter, please call:			
6	2000 WESS at 305, 467-9062			
	Name of Person Area Code & Daytime Telephone Numbe	г		
Enclosed i	s a check for the following amount:			
\$25.00	(additional copy is enclosed) Certified	ate of Sta		osed)

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

wies fr			
( <u>Name of the Limited Liabi</u> (A Florid	ility Company as it now appears on our record da Limited Liability Company)	<u>s.</u> )	•
The Articles of Organization for this Limited Liability Florida document number Log 5075	y Company were filed on	and	assigned
This amendment is submitted to amend the following	;:	2012	
A. If amending name, enter the new name of the l	imited liability company here:	1912 AUS 113 SECRETAR ALLAHASS	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designa	tion blc siate	ne abyreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>			
B. If amending the registered agent and/or regregistered agent and/or the new registered office a		nter the name	of the new
Name of New Registered Agent:	71-00-0		
New Registered Office Address:	Enter Florida stre	et address	
	Flori	do	
	, Flori	Zip Co	ode

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>	<u>Name</u>	Address	Type of Action
<u>MERM</u>	George Weiss	9273 Collins Air Suffide, fe	2 Apt 209 Add 3317 Remove
MCR	Dowid Weiss	14923 · S - MIAM 3	202- W Add Remove
			Add Remove
			Remove
			Add Sharp Add
D. If amend	ling any other information, er	ter change(s) here: (Attach additional she	ets, if necessary.)
Dated _ A	Nq. 8, 2012 Signature o	f a member or authorized representative of a me	puid Wers
	Grade mares	Typed or printed name of signee	Deiss sim

Page 2 of 2

Filing Fee: \$25.00