Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : PAUL SALVER, F.A.

Account Number : I20020000087 Phone : (954)389-1333

: (954)389-1397 Fax Number

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ISEAD LLC

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K. SALY EXAMINER

**JUL 20** 

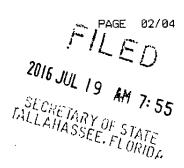
Electronic Filing Menu

Corporate Filing Menu

Help

SALVER AND COOK

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ISEAD, LLC		
(Name of the Limited Liability Compa (A Florida Limited )	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L09000056444	y were filed on 6/10/2009 and assig	med
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Llabi	ility Company," the designation "LLC" or the abbreviation "L.L.	.c."
Enter new principal offices address, if applicable:	10580 NW 27TH ST.	
(Principal office address MUST BE A STREET ADDRESS)	DORAL, FL 33172	
Enter new mailing address, if applicable:	10580 NW 27TH ST.	
(Mailing address MAY BE A POST OFFICE BOX)	DORAL, FL 33172	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		f the n
;	, 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 605, 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

## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR/CO	ARTURO E. ENAMORADO	10570 NW 27TH ST.	
		SUITE H-102	■ Remove
		DORAL, FL 33172	□ Change
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•			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if re	ecessory.
--	-----------

0580 NW 27TH ST., DORAL, FL 33172	<b>\$</b> @
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ective date, if other than the date of filing:  neffective date is listed, the date must be specific and cannot be prior to date of filing or  te: If the date inserted in this block does not meet the applicable statutory fil  current's effective date on the Department of State's records.	(options!) rmore (lum 90 days after filing.) Pursuant to 605.0207 (3)(b) ling requirements, this date will not be listed as the
record specifies a delayed effective date, but not an effective he 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier of:
West April 2016	
AND AT WILL DE A machiner or quithorized representation	ve of a member

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Filing Fee: \$25.00