

Electronic Filing Cover Sheet

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(((H090001732113)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305)634-3694 Fax Number : (305)633-9696

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

W1503 LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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## ARTICLES OF AMENDMEN

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ARTICLES OF ORGANIZATION	V 2009 JUL 30 M
OF.	SECRETARY OF STATE TALLAHASSEE, FLORID
	TALL AHASSEE, FLURID
W1503 LLC	
(Name of the Limited Lighthy Company as it now appears on (A Florida Limited Liability Company)	our records.)
	NE 17, 2009 and assigned
Florida document numberL09000058673	
miles and the second se	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and end with the words "Limited Liability Company," "LL.C."	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our	records, enter the name of the new
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
	<del></del>
New Penistered Office Address:	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

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H09000173211

Zip Code

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>Address</u> Title Name Type of Action MGR MICHAEL SULTAN 90 ALMERIA AVENUE ₽ Add CORAL GABLES, FL 33134 🔲 Remove ∏ Add ∏ Remove ☐ Add | Remove Add Remove ∏Add Remove DPV[] Remove D. If amending any other information, enter change(s) here: (Attack additional sheets, if necessary.) Dated Signature of a member of authorized representative of a member MICHAEL BULTAN, MANAGER Typed or printed name of signee

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Filing Fee: \$25.00

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