

L09000059611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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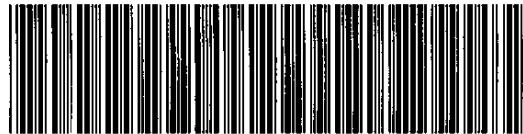
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV - 2 AM 11: 88

T. HAMPTON

NOV - 3 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: New Friendships LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carmine Pecoraro
Name of Person

New Friendships LLC
Firm/Company

1881 NE 26th Street Ste 70
Address

Wilton Manors, FL 33305
City/State and Zip Code

DrCarmineP@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carmine Pecoraro at (954) 463-2723
Name of Person Area Code & Daytime Telephone Number

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 enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 NOV -2 AM 11:08

New Friendships LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 19, 2009 and assigned
Florida document number L09000059611.

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," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1881 NE 26th Street STE 70

(Principal office address MUST BE A STREET ADDRESS)

Wilton Manors, FL 33305

Enter new mailing address, if applicable:

1881 NE 26th Street STE 70

(Mailing address MAY BE A POST OFFICE BOX)

Wilton Manors, FL 33305

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:

CARMIN E PECORARO

New Registered Office Address:

1881 NE 26th Street

Enter Florida street address

Wilton Manors

, Florida

33305

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 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 Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
MGRM	Judith Ann Pecoraro	1881 NE 26th Street STE 70 Wilton Manors, FL 33305	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Mary Walker	1881 NE 26th Street STE 70 Wilton Manors, FL 33305	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Wayne Bennett	1718 NE 7th Terrace Fort Lauderdale, FL 33305	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 10/25, 10



Signature of a member or authorized representative of a member

Carmine Pecoraro

Typed or printed name of signee

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10 NOV - 2 AM 11:00
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