

, (Re	equestor's Name))
(Ad	ldress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD

NOV -5 2009

EXAMINER



000162380990

11/04/09--01039--007 **30.00

09 NOV -4 PM 1: 13

SECRETARY OF STATE
DIVISION OF CORPORATION:

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LAND BARON IC 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:
JACKIE GREOMANOS Name of Person
LAND BARDN TV ILL Firm/Company
1371 SAWGRASS CORPORATE PARKWAY
SUNRISE FL 33323 Clty/State and Zip Code
JACKIE G 1371 C COMCAST WET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TONY PALUMBO at (954) 836-7487 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status 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

(Name of the Limited Liability Com (A Florida Limite	ppany as it now appe	ars on our records.)			
The Articles of Organization for this Limited Liability Compa Florida document number <u>人り900061106</u>	any were filed on	6-24-09	and assi	gned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	iability company he	ere:			
The new name must be distinguishable and end with the words "L" L.L.C."	imited Liability Comp	pany," the designation "L	LC" or the a	bbreviation	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		09	Zs	
			<u> </u>	<u> </u>	
Enter new mailing address, if applicable:			1-1	OF DE	
(Mailing address MAY BE A POST OFFICE BOX)	10-			골육은	
Transing unusus 1921 A DD 111 OD 1 OT 1 1 OD 2 DO 19			4 #	- 100 - 32 - 33 - 33 - 33 - 33 - 33 - 33 - 3	
			$\overline{\omega}$	<u> </u>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		our records, enter the	he name of	f the new	
Name of New Registered Agent:					
New Registered Office Address:					
	E	Inter Florida street addi	*ess		
	, 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 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

MGR = Manager MGRM = Managing Member Title Title **Address Type of Action** <u>Name</u> PRESIDENT-TONY PALLMBO ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) FROM MANAGING MEMBER TO Signature of a member or authorized representative of a member ROSEN Typed or printed name of signee

. 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:

Page 2 of 2

Filing Fee: \$25.00