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EXAMINER

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SECRETARY OF STATE

COVER LETTER

TO:	Registration So Division of Co	ection rporations	т,			
SUBJE	ECT:	9801 NV	V 6 Street, LLC			
		Name of Limi	ted Liability Company		-	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
			Leoncio Galan			
			Name of Person			
			Firm/Company		2009 TAL	
		1800	Northwest 120th Terr	ace	CREI	7]
	•		Address		IARY ASSE	LED
		Pemb	roke Pines, Florida 33	3026	Y OF S	
			City/State and Zip Code		2009 AUG -7 PM 3: 08 SECRETARY OF STATE TALLAHASSEE, FLORIDA I	
		E-mail address: (to be used for future annual repo	ort notification)	_ ,53	
For fur	ther information of	concerning this matter, please of	call:			
		or Daniel Jr. Esq	at (305)	318-5534 Daytime Telephone Numi		
	Name (or Person	Area Code &	Daytime Telephone Num	Dei	
Enclos	ed is a check for t	he following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certifi nclosed) Certifi	Filing Fee, icate of Status & ied Copy ional copy is end	

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

9801 NW 6	Street, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appe liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	July 13, 2009	and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company h	ere:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Com	pany," the designation "l	LLET or the abb	reviation
Enter new principal offices address, if applicable:	9801 NW 6		2009 AUG SEURET ALLAHA	
(Principal office address MUST BE A STREET ADDRESS)	Pembroke F	Pines, Florida 3302	45 ^R -7	
Enter new mailing address, if applicable:			PM 3: 08	ED
(Mailing address MAY BE A POST OFFICE BOX)				
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:		our records, enter	the name of t	the new
New Registered Office Address:		Enter Florida street add	drass	<u>.</u>
	E	mier Fioriau sireet aac	41 000	
	City	, Florida	Zin Coda	

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 <u>Address</u> **Type of Action Title** <u>Name</u> ☐ Add Remove ☐ Add Remove ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated	A30/09.
	Signature of a member or authorized representative of a member
	Leoncio Galan
	Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00