L0900067284

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EXAMINER

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

AUG -7 PM 3: 0

COVER LETTER

	stration Section ion of Corporations		
SUBJECT:	464-466 EAST 15 STREET, 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:		
	Leoncio Galan Name of Person		
	Firm/Company	2009 AUG -7 PM 3: 06 SECRETARY OF STATE TALLAHASSEE, FLORID	-11
	1800 Northwest 120th Terrace	IG -1	FILED
	Address	SE P.	
	Pembroke Pines, Florida 33026	FLOO STA	
•	City/State and Zip Code	86 8	
	E-mail address: (to be used for future annual report notification)		
For further in	formation concerning this matter, please call:		
	Winsor Daniel Jr. Esq at (305) 318-5534		
	Name of Person Area Code & Daytime Telephone Number		
Enclosed is a	check for the following amount:		
✓ \$25.00 Fi	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	te of Status &	sed)

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

464-466 EAST 1	5 STREET, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our recordiability Company)	<u>as.</u>)
The Articles of Organization for this Limited Liability Company Florida document numberL0900067284	were filed onJuly 13, 26	009 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	464 E 15 St	
(Principal office address MUST BE A STREET ADDRESS)	Hialeah, Florida 33010	SSE I
Enter new mailing address, if applicable:		PH 3: 06 E. FLORID
(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:		enter the name of the nev
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida str	eet address
	, Flor	rida
	City	Zin 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 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:

	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
<u>.</u>			Add Remove
		ARY OF	Add Remove
 		FLORIDA	Add Remove
			Add Remove
	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
D. If amei			
D. If amei - - -			
D. If amei Dated	7/30/09.		

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Filing Fee: \$25.00