

LD90000081d66

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

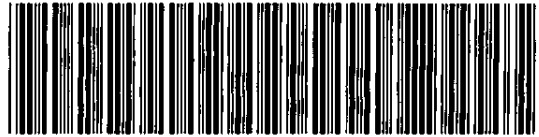
Special Instructions to Filing Officer:

L. SELLERS

OCT 29 2009

EXAMINER

Office Use Only



600162128096

10/27/09--01031--007 **25.00

FILED
09 OCT 27 AM 8:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MILAN L.R.M 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:

ANAT YANIV

Name of Person

HOFFMAN LEVY BENGIO & CO PL

Firm/Company

2320 HOLLYWOOD BLVD

Address

HOLLYWOOD FL 33020

City/State and Zip Code

AYANIV@HLBCCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANAT YANIV

Name of Person

at (954)

921-4600

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**

MILAN L.R.M 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 07/16/2009 and assigned
Florida document number L09000068668.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MILAN FOOD COURT, LLC

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:

8399 N UNIVERSITY DRIVE UNIT 1

(Principal office address MUST BE A STREET ADDRESS)

TAMARAC, FL 33321

Enter new mailing address, if applicable:

3250 EMERALD POINT DR. # 103 A

(Mailing address MAY BE A POST OFFICE BOX)

HOLLYWOOD FL 33021

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:

MICHA-ILAN EDREI

New Registered Office Address:

3250 EMERALD POINT DR. # 103 A

Enter Florida street address

HOLLYWOOD

Florida

City

FILED
09 OCT 27 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Michael Edrei
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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MOSHE SHALOM	16493 SW 27TH ST MIRAMAR, FL 33024	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MICHA-ILAN EDREI	3250 EMERALD POINT DR. # 103A HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Add <input 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

ADDRESS CHANGE FOR:

RONI RAHAMIM ZIV

2750 183 RD

AVENTURA FL 33160

Dated OCTOBER 22, 2009

Signature of a member or authorized representative of a member

RONI RAHAMIM ZIV

Typed or printed name of signee

FILED
 09 OCT 27 AM 8:36
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA