

Electronic Filing Cover Sheet

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(((H09000173314 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone : (305)634-3694

Fax Number : (305)633-9696



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

LITTLE OCEANIA, LLC

Certificate of Status	0
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C. LEWIS

IJUL 3 1 2009

EXAMINER

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2009 JUL 30 AM 8: 55

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

LITTLE OCEANIA, I	LC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)	
The Articles of Organization for this Limited Liability Company were filed Florida document numberL08000072624	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	any <u>here</u> :	
The new name must be distinguishable and end with the words "Limited Liability "L.L.C."	Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	***************************************	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here: Name of New Registered Agent:	s on our records, enter the name of the new	
New Registered Office Address:		
	Enter Florida street address	
·	, Florida	
Cip	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to act in the provisions of all statutes relative to the proper and complete perform	this capacity. I further agree to comply with nance of my duties, and I am familiar with and	

If Changing Registered Agent, Signature of New Registered Agent

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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

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company has been notified in writing of this change.

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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	<u>Name</u>	Address	Type of Action
MGRM	Hector D Kotsias	1430 SOUTH DIXIE HIGHWA SUITE 323 CORAL GABLES, EL 33148	Remove
MGRM	Jose Alejandro Kotsias	1430 SOUTH DIXIE HIGHWA SUITE 323 CORAL GABLES, EL 33146	Add ☐ Remova
· - · · · · · · · · · · · · · · · · · ·			Add Remove
	•		Add Remove
 .			Add Remove
			Add
D, If ame	nding any other information, ent	er change(s) here: (Attach additional sheets, if n	TALLAHASS
Dated	30 July 2009	member of authorized representative of a member	AN 8: 55 SEE, FLORIDA
	<i>U</i>	Typed of printed name of signee	
		Page 2 of 2 Piling Fee: \$25,00	1000173314