

LD9000072855

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DIVISION OF CORPORATIONS
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C. LEWIS
SEP 20 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SECADA GOUP HOLDINGS, LLC

SUBJECT: _____
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:

IZAK SHTULL

Name of Person

Firm/Company

2051 N UNIVERSITY DRIVE

Address

SUNRISE FL 33313

City/State and Zip Code

SHTRULL@YAHOO.COM

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

For further information concerning this matter, please call:

IZAK SHTRULL

Name of Person

at (**917**)

349-4904

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
SECADA GROUP HOLDINGS, LLC**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2012 SEP 19 PM 12: 56

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

07/29/2009

The Articles of Organization for this Limited Liability Company were filed on 07/29/2009 and assigned Florida document number EO9000072855.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

2051 N UNIVERSITY DRIVE

SUNRISE FL 33313

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 15145

PLANTATION FL 33318

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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

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	Name	Address	Type of Action
MGRM	BERDAH-SEBAG, RINAT	565 NE 149 STREET- SUITE OFFICE NORTH MIAMI FL 33161	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	BERDAH, AHARON	565 NE 149 STREET- SUITE OFFICE NORTH MIAMI FL 33161	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	BERDAH, AHARON	P.O. BOX 15145 PLANTATION FL 33318	<input type="checkbox"/> Add <input checked="" 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.)*

Dated _____

Signature of a member or authorized representative of a member
AHARON BERDAH

Typed or printed name of signee

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