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PICK-UP WAIT MAIL				
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(Business Entity Name)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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EXAMINER

SECRETARY OF STATE
BIVISION OF CORPORATIONS

10 IAN 21 AM II: II.

COVER LETTER

TO:

Registration Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of Co	orporations				
SUBJECT:	mein	-house, LLC	10 JAN 21 AN II: 14		
	Name of Lim	ited Liability Company	72 X C		
			Z		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
		Uwe Rusch			
		Name of Person			
	mein-house, LLC				
	Firm/Company				
	2624 SW 4th. Ave.				
	Address				
	(Cape Coral, FL33914			
	City/State and Zip Code				
	E-mail address: (nfo@mein-house.eu to be used for future annual report notific	cation)		
For further information	concerning this matter, please of	-			
	Uwe Rusch		8107941		
Name	of Person	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		STREET/COURING Registration Section			

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OM2 MIL.

mein-house, 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 Liabili	ty Company were filed on	08-03-2009	and assigned
Florida document number L0900074380			
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	nany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicables			
(Principal office address MUST BE A STREET AI	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
_		, Florida	2: (2)
	Сіңу		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 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 Address** Type of Action Name 1 **MGRM** Dr. Mabel Rusch 2624 SW 4th. Ave. ✓ Add Cape Coral, FL33914 Remove ☐ Add ☐ Add Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ___ January 14 2010 Signature of a member or authorized representative of a member Uwe Rusch Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00