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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
(City/State/21p/Pflotte #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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D. BRUCE
SEP 1 1 2009
EXAMINER

COVER LETTER

TO: Registration Division of C		•	
SUBJECT:	Miami F	Finest Pitts LLC	
Source:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matter	r to the following:	
	Andrew Green		
		Name of Person	
		RemyLine South LLC	<u> </u>
		Firm/Company	
		900 NW 201 St.	TACE O
		Address	09 SEJ SECRE
		Miami FL, 33169	EP 10 AM ETARY OF SHASSEE, FL
		City/State and Zip Code	TEFO
	rem	ylinesouth@yahoo.com to be used for future annual report notification	
For further information	a concerning this matter, please	•	AMIO: 33 YOF STATE EE. FLORIDA
***	Andrew Green	at (6-3897
Name	e of Person	Area Code & Daytime Te	epnone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divi P.O.	Stration Section sion of Corporations Box 6327 shassee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	inest Pitts LLC	<u>.</u>
(Name of the Limited Liability C (A Florida Lin	Company as it now app mited Liability Company	<u>ears on our records.</u>) y)
The Articles of Organization for this Limited Liability Con Florida document number	mpany were filed on _	September 4, 2009 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company	<u>iere</u> :
RemyL	ine South LLC	
The new name must be distinguishable and end with the words "L.L.C."		npany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		.L.A.
(Principal office address MUST BE A STREET ADDRE	<u> </u>	A TO TO
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		MHID: 33 POF STATE EE. FLORIDA
B. If amending the registered agent and/or register registered agent and/or the new registered office address. Name of New Registered Agent: New Registered Office Address:	<u>ss here</u> :	n our records, enter the name of the new 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 = Ma MGRM = I	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	····		Add Remove
100.00			Add Remove
			Add Remove
			Add Remove
			Add Remove
-			Add Remove
D. If amen	ding any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)	18 60 18 60
Dated	September 9th	2609 2609); ₃₃
	Signature of a	member of authorized representative of a member	
		Andrew Green	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00