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C. LEWIS
DEC 2 1 2009
EXAMINER

212 382-4651 SARI MILLER Dec 15 2009 5:54PM **COVER LETTER** TO: Registration Section Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: be used for Juture annual report notification) For further information poncerning this matter, please call: Enclosed is a check for the following amount: **7\$60:00** Filing Fee, \$25.00 Filing Fee \$55.00 Filing Fco & \$30.00 Filing Fee & Certified Copy Certificate of Status & Certificate of Status (additional copy is enclosed) 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**

2009 DEC 18 PM 18 36

1		T00,	in the Pos
Pension Stand	ord LLC	SECSEC	CRETARY OF STATE LAHASSEE, FLORIDA
Name of the Limited Lin (A Fig.	ability Company as it now prida Limited Liability Con	appears on our records.)	
umber _ L O 900099	079.	•	
submitted to amond the followi	ng:		
me, enter the new name of th	e limited liability compo	iny here:	
be distinguishable and end with the	ne words "Limited Liability	Company," the designation *	'LLC" or the abbreviation
al offices address, if applicabl	e:		
MUST BE A STREET A	(DDRESS)		
	·		
address if annicables			
	X		
		s on our records, <u>enter</u>	the name of the new
New Registered Agent:	·		
stated Office Address:			
	Enter Florida street address		
-	Class	Florida _	Zip Code
mt's Signature, if changing Dag	•		Lip Code
COLUMN TO IN THE PERSON PLOY	ALTERNATION CONTRACTOR		
	anization for this Limited Liabic number LOTOCOSS Comments LOTOCOSS Comments and the followings, enter the new name of the distinguishable and end with the distinguishable and end with the set of th	anization for this Limited Liability Company were filed number O TOOOG GOTG. submitted to amend the following: are, enter the new name of the limited liability company be distinguishable and end with the words "Limited Liability all offices address, if applicable: the same of the limited liability all offices address, if applicable: the same of the limited liability all offices address, if applicable: the same of the limited liability all offices address, if applicable: the registered agent and/or registered office address here: New Registered Agent:	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) anization for this Limited Liability Company were filed on

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, Stanature of New Registered Agent

Dec 15 2009 5:54PM SARI MILLER

MGR = Manager

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:

MGRM - M	langing Member			
Title	Name	Address	Type of Action	
MgR	Sari Miller	YOU WEST END AW	Add Remove	
mgR	Srjay.Inc	400 West End Ave New York, My 10024	Add Remove	
			Add Remove	
			Add Remove	
		· · · · · · · · · · · · · · · · · · ·	Add Remove	
	•		Add Remove	
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_	
Dated	Dec 15 200	29	- LO	
	Signature of a member of	or authorized representative of a member	TALLAHASSI	
		on Stein r printed name of signee	DEC 18	
	Typed o	r printed name of signee Page 2 of 2	TARY OF STATE	
	Fil	Filing Fee: \$25.00		