(Requestor's Name)
(reguester e riame)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status _ +
•

Special Instructions to Filing Officer:

A. LUNT

OCT 30 2009

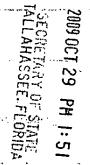
**EXAMINER** 

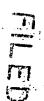
Office Use Only



500162203815

10/29/09--01028--001 \*\*25.00





## **COVER LETTER**

Division of Corporations						
SUBJECT:		CH 514, LLC				
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.				
Please return all correspo	ondence concerning this matter	r to the following:				
BRIAN E. PORT						
Name of Person						
FROMBERG PERLOW & KORNIK, P.A.						
	Firm/Company					
18901 NE 29 AVENUE, SUITE 100						
	Address					
	AVENTURA, FLORIDA 33180 City/State and Zip Code					
	City/State and Zip Code					
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
	.,					
		at ( 305 ) Area Code & Dayti	933-2000			
Name o	f Person	Area Code & Dayti	me Telephone Number			
Enclosed is a check for the	ne following amount:					
\$25.00 Filing Fee  .	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

TO:

**Registration Section** 

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

A	RTECH 514, LLC		
( <u>Name of the Limited Liab</u> (A Flor	pility Company as it now appears rida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabili Florida document number L09000100765	· · · · —	10/19/2009	and assigned
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability company here	:	200 561 7ALL
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compan	y," the designation	TAR ASS
Enter new principal offices address, if applicable			6
(Principal office address MUST BE A STREET A)	<u>DDRESS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or registered agent and/or the new registered office		ır records, <u>ente</u> ı	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
<u> </u>		, Florida _	<del></del>
	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 **Address** Type of Action <u>Name</u> MGR Antonio Magaldi 18851 N.E. 29 Avenue, #1011 ☐ Add Remove Aventura, Fl. 33180 Bardach Management Inc. MGRM 18851 N.E. 29 Avenue, #1011 ✓ Add Aventura, FL 33180 Remove □ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) \*Managing Member, Bardach Management Inc., is a British Virgin Islands company October 2009 Dated Signature of a member or authorized representative of a member Brian E. Port, Auth. Rep. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00