L09000104012

(Requestor's Name)
(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:
·

Office Use Only



700163019087

11/23/09--01022--004 **25.00



S. HAWKES

NOV 2 4 2009

EXAMINER

COVER LETTER

Division of Corpo		r
SUBJECT:	THEROS LLC	
	Name of Limited Liability Company	
The enclosed Articles of A	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	BRUND BUENO Name of Person	
i	Name of Person	
	THERS LLC Firm/Company	
•	Firm/Company	
	735 14th PLACE Address	
	Address	
	City/State and Zip Code 6cbueno@thernspl. wy E-mail address: (to be used for future annual report notification)	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information con	acerning this matter, please call:	
BRUNO B	at (305) 767-43/4 Person Area Code & Daytime Telephone Number	
Name of P	erson Area Code & Daytime Telephone Number	
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (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 OF

	S LLC	
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	_
The Articles of Organization for this Limited Liability of Florida document number <u>LO90010401</u>		and assigned
This amendment is submitted to amend the following:	•	4
A. If amending name, enter the new name of the lin	mited liability company here:	SEC SILL
The new name must be distinguishable and end with the world.L.C."	ords "Limited Liability Company," the designation "L	or the abbieviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	(a) 1
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 ade	· · · · · · · · · · · · · · · · · · ·	he name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
-	, 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:

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
·····			Add Remove
			Add Remove
			Add Remove
			TAS Dad move T
·			SSE FIAME
			Add Remove
		ge(s) here: (Attach additional sheets, if necessor FOR MGR. BLUKS BU	
<u> </u>	IEW ADDRESS IS:		
	1500	BAYRD. #1458	·
_	MIAMI	BEACH, FL 33139	
Dated	10 VEMBER 19, 20		1
		June	
	Signature of a membe	er of authorized representative of a member BRUND BLEWD	

Page 2 of 2

Filing Fee: \$25.00