## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000239718 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MURAI, WALD, BIONDO, MORENO, E

Account Number: 076150002103 : (305)444-0101

Fax Number

: (305)444-0174

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email:	Address	:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LECCESE HOUSTON HOLDINGS, LLC

Certificate of Status	0
Certified Copy	11
Page Count + COVER PAGE	02
Estimated Charge	\$55.00

T. CLINE

NOV 13 2009

**EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT H09000239718 3 TO ARTICLES OF ORGANIZATION OF

(Name o	Leccese Housto fthe Limited Liability Comp (A Florida Limited	on Holdings, LL any as it now appears Liability Company)	O on our records.)	<del></del>	_			
The Articles of Organization for the		y were filed on	11/6/09	and	d assign	<del>e</del> d		
Florida document number	L09000107524							
This amendment is submitted to a	nend the following:							
A. If amending name, enter the	new name of the limited lis	bility company here	<b>:</b>					
	Lecesse Housto					<del></del>		
The new name must be distinguishab "L.L.C."	le and end with the words "Lii	nited Liability Compan	y," the designation	ı "LLC" or	the abbi	eviation		
Enter new principal offices addi	ess, if applicable:				1-2			
(Principal office address MUST)	BE A STREET ADDRESS)			37,3	(E)			
				The state of the s	P P			
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	45E			
Enter new mailing address, if ag	plicable:			21.23	<u>~</u>	<u> </u>		
(Mailing address MAY BE A PO	ST OFFICE BOX)			<u> </u>				
				T. C.	က္တ			
				- 14°	20			
B. If amending the registered registered agent and/or the new	ngent and/or registered registered office address b	office address on or ere:	ur records, <u>ente</u>	r the na	me of t	he ne <u>v</u>		
Name of New Registered	1 Agent:							
New Registered Office	Address:				_			
•	_	Ente	er Florida street i	address				
			, Florida			<del></del>		
	<del></del>	City	City			Zip Code		
New Registered Agent's Signature	, if changing Registered Ager	nt:						

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

Page 1 of 2

## H09000239718 3

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:

2	<u>Name</u>	Address	Type of Action
			Add
			—— • · · · •
			Add
			Remove
<del></del>			Add Remove
			Remove
			Add Actions
·c	San and the Control of the control o		20
	ing any other information, enter cha	ange(s) nere: (Attach dadinonat she	eis, if necessary.)
_			
	· · · · · · · · · · · · · · · · · · ·		

Page 2 of 2

Filing Fee: \$25.00