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**EXAMINER** 

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FILED SECRETARY OF STATE DIVISION OF CORPORATION

## **COVER LETTER**

TO:	Registration Section Division of Corporati	ons Carterian Ca
SUBJ	ECT:	Name of Limited Liability Company
The en	closed Articles of Amend	dment and fee(s) are submitted for filing.
Please	return all correspondence	e concerning this matter to the following:
		CRISTINA VASQUEL  Name of Person
		CARDINAL Development Corp
		848 Brickell Ave Ste 200
		MiAMi, FL 33131
		City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  E-mail address (to be used for future annual report notification)
For fu	rther information concern	ing this matter, please call:
	RIST NA VE	Area Code & Daytime Telephone Number
Enclos	sed is a check for the follo	owing amount:
\$2:	5.00 Filing Fee S	30.00 Filing Fee & S5.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & 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

AB 171	ty Company as it now appears on our records.) Limited Liability Company)
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L09000 117 499	Company were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
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	stered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zin 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 Type of Action Address **Title** Name Annette Schiffen Marciano Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member BRUNO LUNGHI
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00