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B. KOHR
NOV 1 6 2010
EXAMINER

DIVISION OF CORPORATION

10 NOV 12 PHI2: 39

COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	Registration Section Division of Corporations CT:
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please 1	eturn all correspondence concerning this matter to the following:
	CRISTINA VASQUED Name of Person
	CARDINAL DEVElopment CORP
	848 BRICKELL AVE Ste 200
	MiAMi, FL 33131
	City/State and Zip Code City/State and Zip Code Change of Canal Advisor Communication E-mail address (to be used for future annual report notification)
For fur	her information concerning this matter, please call:
	Name of Person Area Code & Daytime Telephone Number
. /	ed is a check for the following amount:
\$ 25	.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\ \text{Certified Copy (additional copy is enclosed)} \$\ \text{Ce

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	1801 LLC	
(<u>Name of the Limited I</u> (A)	iability Company as it now appear Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Lia Florida document number L09000 115	bility Company were filed on	12/10/09 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of	the limited liability company her	₽:
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Ent	er Florida street address
		, 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:

MGR = Manager

MGRM = Managing Member Type of Action <u>Title</u> <u>Name</u> **Address** 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 Bhuno Lunghi
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00