## L09000117517

(Requestor's Name)		
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EXAMINER

DIVISION OF CORPORATIONS

10 NOV 12 PM 12-1-0

## **COVER LETTER**

COVERLETTE	R
TO: Registration Section Division of Corporations	ONOW 12 PARD: NO
SUBJECT:	12
Name of Limited Liability Company	ON 12:
The enclosed Articles of Amendment and fee(s) are submitted for filing.	<b>E</b>
Please return all correspondence concerning this matter to the following:	
CRISTINA VASQUED Name of Person	<u></u>
CARDINAL DEVELOPMENT	ent corp
848 Bhickell Ave	(Ste 200
MiAMi, FL 33	131
City/State and Zip Code  Chainel of Chainel	levelof com
For further information concerning this matter, please call:	
CRISTINA VASQUEZ at 305,	536-1490
Name of Person Area Coo	de & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution   \$30.00 Filing Fee Solution   \$55.00 Filing Fee Certificate of Status   \$55.00 Filing Fee Certified Copy (additional copy	Certificate of Status &

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 19	712 LLC		
(Name of the Limited Lia (A Flo	ability Company as it now appears orida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabil Florida document number <u>L09000117</u>		12/10/09 and assigned 5	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here	:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company	y," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
	·····		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u>~</u>		
B. If amending the registered agent and/or r registered agent and/or the new registered office		r records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
_ <del></del>	Enter 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 **Address Title** Name Annette Schiffler 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