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B. KOHR
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EXAMINER

DIVISION OF CORPORATIONS

10 NOV 12 PM 12: 1.0

COVER LETTER

TO: Registration Section Conference Division of Corporations	,
SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing.	5
The enclosed Articles of Amendment and fee(s) are submitted for filing.	84/2.
Please return all correspondence concerning this matter to the following:	
CRISTINA VASQUED Name of Person	
CARDINA Development Corp	
848 Bhickell Ave Ste 200	
MAMI, FL 33131 City/State and Zip Code	
E-mail address (to be used for future annual report notification)	
For further information concerning this matter, please call:	
CRISTINA VASQUEZ at 305, 536-1490 Name of Person Area Code & Daytime Telephone Number	
Enclosed 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, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\ \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is e	ed)

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 1510	LLC	(A. 10 %)
(Name of the Limited Liabilit (A Florida	y Company as it now apport	ears on our records.)
The Articles of Organization for this Limited Liability of Florida document number 10900 17824	Company were filed on	10/10/04
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company h	ere:
The new name must be distinguishable and end with the wo	ords "Limited Liability Com	pany," 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 add		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		7 77 1
	I	Inter Florida street address
	City	, Florida 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** <u>Title</u> <u>Name</u> 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 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00