# L09000117849

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**EXAMINER** 

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SECRETARY OF STATE
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# **COVER LETTER**

TO:	Registration Section Division of Corporations	6
SUBJE	CT: AB 1401 LLC  Name of Limited Liability Company	0 MON 12 PANS: 39
The end	losed Articles of Amendment and fee(s) are submitted for filing.	200
Please 1	eturn all correspondence concerning this matter to the following:	
	CRISTINA VASQUED  Name of Person	
	CARDINAL Development Conf	
	848 BRICKELL AVE (Ste 200	
	MiAMI, FL 33131	
	City/State and Zip Code  City/State and Zip Code  Chain Advelop Communication  E-mail address (to be used for future annual report notification)	
For furt	her information concerning this matter, please call:	
<u>C</u> (e	Name of Person at 305, 536-1490  Area Code & Daytime Telephone Number	-
Enclose	d is a check for the following amount:	
\$25.	00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} Certified Copy (addit	tatus &

### 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

AS 141	OI LLC	<b>3</b>
( <u>Name of the Limited Li</u> (A F	ability Company as it now appea orida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liab Florida document number LO9001178		12/10/09 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company her	<u>·e</u> :
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Compa	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
-	En	ter Florida street address
-	A1.	, 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 Title Name **Address** Annette Schiffler Marciano ☐ Remove ☐ Add Remove Add Remove  $\square$ 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