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EXAMINER

10 NOV 12 PM 12: 39

FILED SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations	6 H
SUBJECT: AB 1112 LLC Name of Limited Liability Company	10 MOY 12 PAIR: 39
The enclosed Articles of Amendment and fee(s) are submitted for filing.	39
Please return all correspondence concerning this matter to the following:	
CRISTINA VASQUED Name of Person	
CARDINAL DEVElopment CORP	
848 BRICKELL AVE Ste 200	
MiAMi, FL 33131	
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 \$\ S25.00 Filing Fee &	e 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

ability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

ager			
anaging Member			
Name	Ado		Type of Action
Adnette Schiffler	Marcian <u>o</u>	848 BRICHELL AVE #200	Add Remove
			Add Remove
			Add Remove
			Add Remove
<u> </u>			Add Remove
			Add Remove
ing any other information, ent	ter change(s) her	e: (Attach additional sheets, if necessary.)	
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ieft 29	, <u>2010 </u>	. 1	
	Annette Schiffen	Annethe Schiffen Manciano	Address Annette Schiffen Mancian B46 Brickell five #200 million, FL 32131 In firm , FL 32131 In gany other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

Filing Fee: \$25.00