## LD9000131105

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## **COVER LETTER**

TO:	*Registration Section Division of Corporations
SUBJ	ECT: 7320 WEST PONTE BLVD LLC  Name of Limited Liability Company
	Name of Limited Liability Company
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	CHRISTOPHER LAZOS Name of Person
	Firm/Company
	27 Spenny CT Address
	NEWHYDE PARK NY, 11040  City/State and Zip Code
	E-mail address: (16 be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	Name of Person at (917) 224-0074  Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
\$25	5.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

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

7320 West Po	NTG BLVDLLC
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L09000121105</u> .	were filed on Dec 22,7009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
7350 WESTPOINTE BLY The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
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 off registered agent and/or the new registered office address here	
$\sim$	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Codo
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	ete performance of my duties, and I am familiar with and rovided for in Chapter 608, F.S. Or, if this document is

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 <u>Address</u> **Type of Action** <u>Title</u> <u>Name</u> MGR ☐ Add Remove SEM RNETT MGR □ Add Remove MATTHEW Add Remove TROCCOLI mar BRETT **3** Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Christopher Lazos Matthew Troccoli OWNS 2010 Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00