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SECRETARY OF STATE.
TALLAHASSEE, FINALE.

D. BRUCE

JAN 15 2010

EXAMINER

COVER LETTER

TO: Registration ! Division of Co				
SUBJECT:	Custon	ns House, LLC		
		ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	pandence concoming this mane	r to the following:		
		Mr. Steve Kontos		
		Nume of Person		
		Customs House, LLC		
		Finn/Company		
	10	East Boca Raton Ro	ad	
		Address		₹.
	ŗ	3oca Raton, FI 33432	3	F6 6
		City/State and Zip Code	•	
	custo	omshouse10@gmail.c	com	AR AR
		(to be used for future annual rep	ort notification)	TARY OF ASSEE, F
For further information	concerning this matter, please	call:		IAN 14 AM H: RETARY OF STANASSEE, FLOI
	Patti Ludlow	at (561)	368-2544 ext 201	AIE PRID
Name	of Person		Daytime Telephone Number	- }-
Enclosed is a check for	the following amount:			
\$25.00 Filing Foc	S30.00 Filing Foe & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is c	enclosed) Certified	e of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If Changing Registered Agent, Simature of New Registered Agent

ARTICLES OF AMENDMENT OŢ ARTICLES OF ORGANIZATION

(Name of the Limited Lin	istoms House, LLC	our records.)	
(A Flo	rida Limited Liability Company)		
The Articles of Organization for this Limited Liabil	ity Company were filed onJan	uary 04, 2010 and as	signed
Florida document numberL1000000813			
This amendment is submitted to amend the followin	ng:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Linbility Company,"	the designation "LLC" or the	nbbreviation
Enter new principal offices address, if applicable	el		
(Principal office address MUST BE A STREET A.	DDRESS)	∑,	·
			0
		HAT.	A
Enter new mailing address, if applicable:		SSE	FF
(Muiling address MAY BE A POST OFFICE BOX	<u> </u>	<u>E0</u>	≥ ⊓
		<u></u> S	= C
B. If amending the registored agent and/or r registered agent and/or the new registered office	nddress here:	records, enter the gains c	tific new
Name of New Registered Agent:			_
New Registered Office Address:			
Neg Stelet Office Andress.	Enter F	lorida street address	
	•	, Florida	
_	Clly	Zip Code	2
New Registered Agent's Signature, if changing Regis	itered Agent:		
I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this char	er and complete performance of m ed agent as provided for in Chapte stered office address, I hereby con	y duties, and I am familiar er 608, F.S. Or, if this docu	with and unent is

Page 1 of 2

MGR = Manager

If amonding the Manugers or Munaging Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = M	langing Member		
<u>Title</u>	Name	Address	Type of Action
MGMR	Steve Kontos	12 Mountain Lane Holmdei, NJ 07733	Add Remove
			Add Remove
			Add Remove
			Add Remove
			□Add □Remove
			Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	TO JAN TALLAHA
		S	TILLED MINITARY OF STATE HASSEE FASTATE
		DA	्रेंस -
Date4	January 05		
· ·	Signature of a literature	or authorized representative of a member of printed name of signee	

Page 2 of 2

Filing Fee: \$25.00