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T. HAMPTON

SEP - 7 2010

EXAMINER

## **COVER LETTER**

Division of Co					
SUBJECT:	S-BIS	CAYNE, LLC			
BUBBETT		ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		JUDY SHERMAN			
		Name of Person			
	STILES CORPORATION				
	Firm/Company				
	300 SE 2ND STREET				
		Address			
•	FORT LAUDERDALE, FL 33301				
		City/State and Zip Code	<del>-</del>		
	JUDY.SHERMAN@STILES.COM  E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please o	call:			
JU[	DY SHERMAN	at ( 954 )6	27-9156		
	of Person	Area Code & Daytime			
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAII	INC ADDDESS.	STREET/COURIE	P ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

10 SEP -3 PH 1:42

S-BISCAYNE, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

· · · · · · · · · · · · · · · · · · ·	City		Zip Code
	, Florida		
New Registered Office Address:		Enter Florida street addre	ess
Name of New Registered Agent:			
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, <u>enter th</u>	e name of the new
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO			
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new principal offices address, if applicabl	e:		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Cor	npany," the designation "LL	C" or the abbreviation
A. If amending name, enter the new name of th	e limited liability company l	<u>iere</u> :	
This amendment is submitted to amend the followi	ng:		
Florida document numberL100000898			
The Articles of Organization for this Limited Liabi	lity Company were filed on _	January 25, 2010	_ and assigned

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 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>Title</u>	Name	Address	Type of Action
MGRM	Terry W. Stiles	300 SE 2ND STREET FORT LAUDERDALE, FL 33301	Add Remove
MGRM_	Patriotic Enterprises LLC	300 SE 2ND STREET FORT LAUDERDALE, FL 33301	Add Remove
			Add Remove
· .			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	FILED STATE VISION OF CORPORATION 10 SEP -3 PM 1:42
	SEPTEMBER 2 , 20	010	— <b>%</b>
	T)	r or authorized representative of a member  ERRY W. STILES d or printed name of signee	
	i vnei	B OF DEHICO HAIDS OF MEDICS	

Page 2 of 2

Filing Fee: \$25.00