## 110000013316

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
☐ PICK-UP ☐ WAIT ☐ MAIL						
(Business Entity Name)						
_ (====================================						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Λ Ι Ι Ι Ι Ι Ι						
A. LUNT						
JAN -3:2010						
EXAMINER						
<u>-</u> ////////////////////////////////////						

Office Use Only



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12/30/10--01029--019 \*\*25.00



## **COVER LETTER**

то:,	Registration Section Division of Corporations							
SUBJI	ест: <u>А</u> Д	mited Liability Company						
The en	closed Articles of Amendment and fee(s) are s	submitted for filing.						
Please	return all correspondence concerning this mat-	ter to the following:						
		gregory Fisham, Es						
	(	grenger R. Fishma, P	<u>A</u>	2018 DEC 30	anuc)			
	2	750 NE 185 ST	., Ste.302	C 30 PM				
	Avuturi, FL 33180  City/State and Zip Code							
	E-mail address	Grea Q grfpu. Com: (to be used for grure annual report notifica	ition)	April Control				
For fur	ther information concerning this matter, please	e call:						
	Grey Fishman Name of Person	at (305) 792 - 69 Area Code & Daytime T	945 Telephone Number					
Enclos	ed is a check for the following amount:							
\$25	5.00 Filing Fee \$\bigcup \$\sum \text{\$\sum \text{\$\sin \sin \sin \sin \text{\$\sin \text{\$\sin \text{\$\sin \text{\$\sin \s	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing F Certificate of Certified Cop (additional co	Status &				
MAILING ADDRESS:		STREET/COURIE	R 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

	Or				_		
(Name of the Limited L (A F	iability Company	as it now ability Comp	appears on our pany)	r records.)	2011 DEC 30		
The Articles of Organization for this Limited Lial	bility Company v	vere filed o	n	14/10	and assig	ned ,	
Florida document number <u>L 100000133</u>	16		1	•	2: 22 PLOSE	الم المراجعة	
This amendment is submitted to amend the follow	ving:				%±*		
A. If amending name, enter the new name of t	<u>he limited liabil</u> i	ity compai	ı <u>y here</u> :				
·							
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability	Company," the	designation "	'LLC" or the ab	breviation	
Enter new principal offices address, if applical	ble:	275	ONE	185 S	t., Ste 30	2	
(Principal office address MUST BE A STREET	A	ventura,	FL 3:	t., Ste. 30 3180			
			·	·· -		<del></del>	
Enter new mailing address, if applicable:		275	o NĒ	185 S	t. Ste 30	12	
(Mailing address MAY BE A POST OFFICE BOX)			2750 NE 185 St., Ste 302 Aratua, FC 33180				
B. If amending the registered agent and/or registered agent and/or the new registered office			on our reco	ords, <u>enter</u>	the name of	the new	
Name of New Registered Agent:						<del></del>	
New Registered Office Address:	27	<u>50</u>	NE ) Enter Flor	85 St. ida street ad	dress	<u>a</u>	
	4						
		City		_, . 101.104	33180 Zin 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 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 **Address** Name home MGRM Add
Remove Renove prove MGRM Gregory Fisham  $\bigcap$  Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated December Signature of a member or author, ed representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00