

Division of Corporations

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**L10000013825**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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(((H10000105626 3)))



H100001056263ABCV

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : RICARDO BAJANDAS, P.A.  
Account Number : 110263002111  
Phone : (305) 377-0809  
Fax Number : (305) 377-0781

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SAN NICOLAS INTERNATIONAL OF SOUTH FLORIDA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

**A. LUNT**  
MAY - 2 2010  
**EXAMINER**

**RECEIVED**  
10 APR 30 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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Fax Audit # (H10000105626 3)

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SAN NICOLAS INTERNATIONAL OF SOUTH FLORIDA, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberly Cipolato

Name of Person

Villanueva, Bajandas & Fitzgerald, LLP

Firm/Company

1000 Brickell Avenue, Suite 200

Address

Miami, Florida 33131

City/State and Zip Code

kcipolato@vb-lawyers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Cipolato

Name of Person

at ( 305 )

377-0086

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 APR 30 AM 9:57

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Fax Audit # (H10000105626 3)

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SAN NICOLAS INTERNATIONAL OF SOUTH FLORIDA, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/05/2010 and assigned  
Florida document number L10000013825

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)

5931 N.W. 173 DRIVE, #9

MIAMI, FLORIDA 33015

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5931 N.W. 173 DRIVE, #9

MIAMI, FLORIDA 33015

**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

City, Florida Zip 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 Changing Registered Agent, Signature of New Registered Agent

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 TALLAHASSEE, FLORIDA

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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

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

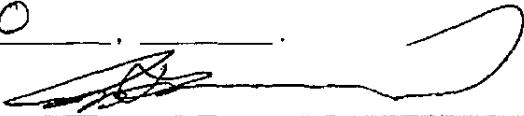
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 ALABAMA  
 ALABAMA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

4-30-10

  
 Signature of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00

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