

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100000889103)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page: Doing so will generate another cover sheet. The state of the s

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE IN

Account Number: I20000000146

Phone : (305)444-4994

Fax Number : (305)444-4977

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 APPLEMINT WESTLAND,LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

4/19/2010

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

10 APR 19 AM 8: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AP	PLEMINT W	<u>ESTLAND, L</u>	LC		
(Name of the Limit	ed Linbillty Compa (A Florida Limited	iny as it now anne Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Company were filed on MARCH 2, 2010 and assigned Florida document number L10000023445					
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liab	oility company he	ere:		
The new name must be distinguishable and end v	vith the words "Lim	ited Liability Comp	oany," the designation "i	LLC" or the abbreviation	
Enter new principal offices address, if applicable:		7413 NW 54TH ST			
(Principal office address MUST BE A STREET ADDRESS)		MIAMI,FL 33166			
				MALES AND	
Enter new mailing address, if applicable:		7413 NW 54TH ST			
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI,FL 33166			
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	GRANVILLE USA, INC				
New Registered Office Address:					
	Enter Florida street address				
		MIAMI	, Florida	33166	
		Ctry		Zlp 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 filled 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

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 = Ma MGRM = N	nager Ianaging Membar		
<u>Title</u>	Name	Address	Type of Action
MGRM	GRANVILLE USA, INC	7413 NW 54TH ST MIAMLEL 33166	Add Remove
<u>MGRM</u>	PARK, KWAN	2750 NW 3RD AVE SUITE 21 MIAMI, FL 33127	Add Remove
MGRM	PARK, KYE	2750 NW 3RD AVE SUITE 21 MIAMI, FL 33127	Add ▼ Remove
			Add Remove
· · · · · · · ·			Add Remove
<u>.·</u>			Add Remove
D. If amendi	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
			FIL 10 APR 19 SECRETAR TALLAHASS
·			FILED RISSEE, I
Dated		· · ·	STATE STATE
_	•	or authorized representative of a member	
	Typed o	OUN SUK LEE or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00