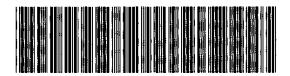
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(Red	questor's Name)				
(Add	dress)				
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(City	//State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
, (Bu	siness Entity Nar	ne) ,			
(Doc	cument Number)	<u> </u>			
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
		!			
		:			

G. MCLEOD

JUL 22 2010

EXAMINER



500183438275

07/21/10-01021-017 **55.00

FILED

10 JUL 21 AMII: 50

COVER LETTER

Division of Corpo	
SUBJECT: Jan	1 Ja 13200, L.L.C
	Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspond	lence concerning this matter to the following:
	JOHN H. Cooper
	Name of Person
	Firm/Company
	5520 N.W. 17th Ave Address Miami, FZ 33142
	Address
	Miami, F2 33/42
	City/State and Zip Code
-	E-mail address: (to be used for future annual report notification)
For further information con	cerning this matter, please call:
JOHN H.	Cooper 305, 835-1115
Name of P	
,	
Enclosed is a check for the	<u> </u>
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

	V .				
Jand Ja	13200,	thec.			
(Name of the Limited	Liability Company Florida Limited Liab	as it now appears of	n our records.)		
The Articles of Organization for this Limited Lie		ere filed on <u>03</u>	17-201	and a	ssigned
Florida document number <u>L/00000 29</u>	7658.				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabilit	v company here:			
The new name must be distinguishable and end with					. مو
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Company,	" the designation	"LLC" or the	abbreviation
Enter new principal offices address, if applica	ble:	NA			
(Principal office address MUST BE A STREET	(ADDRESS)				
	_		····	<u>}</u>	
	-		. 		Profitted Bridge
				# F	i <u>!</u>
Enter new mailing address, if applicable:	_			2	
(Mailing address MAY BE A POST OFFICE B	eox)				5EI
1174 HILL THE PART OF THE PART				T1 11	- -
	<u>.</u>		· 		
			_	五 5	
B. If amending the registered agent and/or registered agent and/or the new registered off	ina addressa harar				
			- 0		
Name of New Registered Agent:	Joffn	J 77, (a	oper		
New Registered Office Address:	JoHn 5520 1	J.W. 1	7th Ava		
	·	_ Enter	Florida street a	ddress	
2 402	Mian	1	, Florida	33/4/2	2
	(City		Zip Co	de
New Registered Agent's Signature, if changing Re	egistered 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 addyess. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 <u>Name</u> <u>Address</u> **Type of Action** Geraldine Barney ☐ Add Remove ☐ Add Remove □ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Typed or printed name of signee

ignature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00