## L10000036411

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne),
(Do	cument Number)	
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SECRETARY OF STATE
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J. BRYAN

JAN 1 2 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co			•	
SUBJECT:	Kenda	all Center LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles o	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	condence concerning this matte	r to the following:		
		Aharon Emano	<u> </u>	爱量型
		Name of Person	•	FILEU 2:38
		Firm/Company		EFOR AND
		Post Office Box 267		ORIE 3
		Address		7
	Ha	allandale Florida 33008		
		City/State and Zip Code		
	ror	nnyemano@gmail.com		
	E-mail address: (	to be used for future annual report notific	cation)	
For further information	concerning this matter, please	call:		
AI	haron Emano	41 (	926-3600	_
Name	of Person	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 Fe Certificate of S Certified Copy (additional cop	Status &

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 30, 2010

AHARON EMANO PO BOX 267 HALLANDALE, FL 33008

SUBJECT: KENDALL CENTER, LLC

Ref. Number: L10000036411



We have received your document for KENDALL CENTER, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 110A00030161

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTIC	CLES*OF O	RGANIZATION	l á	2011
(Name of the Limited I	ENDALL CE Liability Compar Florida Limited L	NTER, LLC y as it now appears on lability Company)	our records.)	TIMIN ROSE
The Articles of Organization for this Limited Lia Florida document number L100000364		were filed onA	pril 5, 2010	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	lity company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company,"	the designation "I	LC" or the abbreviation
Enter new principal offices address, if applica	ble:	225 E DANIA BE	ACH BLVD	
(Principal office address MUST BE A STREET ADDRESS)		SUITE 213		
		DANIA BEACH,	FL. 33004	
Enter new mailing address, if applicable:		PO BOX 267		
(Mailing address MAY BE A POST OFFICE BOX)		HALLANDALE, F	FL. 33008	
B. If amending the registered agent and/o registered agent and/or the new registered off			records, enter t	he name of the new
Name of New Registered Agent:	AHARON E	MANO		
New Registered Office Address:	TE 213 Florida street add	<u> </u>		
	DA	NIA BEACH	, Florida	33004
		City	, T WI KIA	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to again 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR ≈ Ma	nnåger Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	AHARON EMANO	PO BOX 267 HALLANDALE, FL. 33008	Add Remove
MGR	TOMMY KERTESZ	9715 WEST BROWARD BLVD PMB# 278 PLANTATION, FL, 33324	Add ✓ Remove
			Add Remove
			AddRemove
·			Add Remove
			AddRemove
D. If amer	nding any other information, enter o	change(s) here: (Attach additional sheets, if necess	FILED 11 JAN 1 PH 2: 31 SECRETARY OF STATE
Dated	October 31	2010 .	JRIDA
		Aharon Emano	
	· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00