

#

10/01/2013 11:35 3058956273
Division of CorporationsPAGE 01/04
Page 1 of 1

L10000041690

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.

(((H13000217921 3)))



H130002179213ABC-

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

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

From: Account Name : KIM MARKS CPA
Account Number : I20120000072
Phone : (305) 895-5815
Fax Number : (305) 895-6273

FILED
13 OCT -1 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
LINA-GABIE, LLC

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

RECEIVED
13 OCT -1 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY
EXAMINER

OCT - 2 2013

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

LINA-GABIE 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 04/17/2010 and assigned Florida document number L10000041690

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

ALEX BURRLADER

New Registered Office Address:

1001 N FEDERAL HIGHWAY STE 313

Enter Florida street address

HALLANDALE BCH

Florida 33009

City

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

FILED
13 OCT -1 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

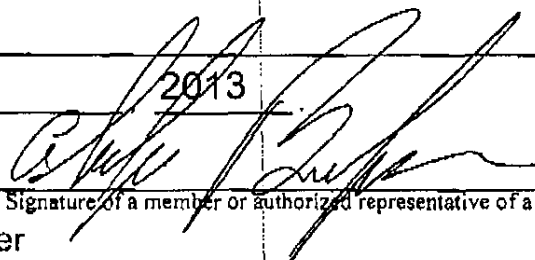
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Yuzvik, Alexander P	16546 NE 26th Ave	<input type="checkbox"/> Add
		Ste 5B	<input checked="" type="checkbox"/> Remove
		N Miami Beach FL 33160	
MGRM	Yurina, Nataliya A	16546 NE 26th Ave	<input type="checkbox"/> Add
		Ste 5B	<input checked="" type="checkbox"/> Remove
		N Miami Beach FL 33160	
MGR	Burrlader, Alex	1001 N Federal Highway	<input checked="" type="checkbox"/> Add
		Suite 313	<input type="checkbox"/> Remove
		Hallandale FL 33009	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated October 1

2013



Signature of a member or authorized representative of a member

Alex Burrlader

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00