

L100000047021

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2010 OCT 28 AM 10:19

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J. SAULSBERRY  
EXAMINER

OCT 29 2010

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Roller COASTER, 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:

CHRISTIAN FINKELBERG  
Name of Person

Firm/Company

1521 TAHARIND CT.  
Address

WESTON, FL 33327  
City/State and Zip Code

INFO@FINKREALTY.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTIAN FINKELBERG at (954) 294-6046  
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 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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2010 OCT 28 AM 10:19  
TALLAHASSEE, FLORIDA  
CLERK OF COURT

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

ROLLER COASTER, 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 04/29/2010 and assigned Florida document number L10000047021.

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)

20801 BISCAYNE BLVD. #403  
AVENTURA, FL, 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1521 TAMARIND CT.  
WESTON, FL, 33327

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CLERK OF DISTRICT COURT  
JULIA ROBERTSON

**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:

CHRISTIAN FINKEBERG

New Registered Office Address:

1521 TAMARIND CT.

Enter Florida street address

WESTON

City

Florida

33327

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

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>
MGR	LIDIA SALERNO	5850 CORAL RIDGE DR. #1013 CORAL SPRINGS, FL 33076	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	VALERIA SEMINARA	1521 TAMARIND CT. WESTON, FL 33327	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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 25, 2010

Signature of a member or authorized representative of a member

LIDIA SALERNO

Typed or printed name of signee

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FLORIDA