

L100000049175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

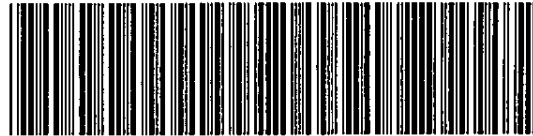
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 29 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1130 N W, 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:

RAMSOONDAR SEETAHAL

Name of Person

1130 N W, LLC

Firm/Company

1130 NW 29 WAY

Address

FORT LAUDERDALE, FL 33311

City/State and Zip Code

ADDICTIVE.2010@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

RAMSOONDAR SEETAHAL

Name of Person

at (561)

537- 9051

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

1130 N W, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on MAY 6TH 2010 and assigned
Florida document number L10000049175.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

5 SUNRISE DRIVE BELLEVUE GARDEN
OROPOUCHE, TRINIDAD & TOBAGO
WEST INDIES

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1130 NW 29 WAY
FORT LAUDERDALE, FL 33311

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:

RAMSOONDAR SEETAHAL

New Registered Office Address:

1130 NW 29 WAY

Enter Florida street address

FORT LAUDERDALE

, Florida

33311

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

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	Seydi S. Whatley	P. O. BOX 550154 FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Ramsoondar Seetahal	5 SUNRISE DR. BELLEVUE GARDEN OROPOUCHE TRINIDAD & TOBAGO WEST INDIES	<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.)

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TALLAHASSEE, FLORIDA

Dated 02-01, 2012



Signature of a member or authorized representative of a member

RAMSOONDAR SEETAHAL

Typed or printed name of signee