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2010 JUN -1 PH SE OF STATE

C. LEWIS

JUN 2 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Sect Division of Corpo		
SUBJECT:	Name of Limited Liability Company	
	realite of Elithica Elability Company	
The enclosed Articles of Ar	nendment and fee(s) are submitted for filing.	
Please return all correspond	ence concerning this matter to the following:	
	Jason Habali	
	Name of Person	
	Firm/Company	
	401 E. Las olas Blul. # 1260	
	Address	
	Fort Lauder dale, 12 33301 City/State and Zip Code	
	juson habali @ hot mail. com	
	E-man address: (to be used for future annual report notification)	
For further information con	erning this matter, please call:	
Jason	Habul: at (957) 8 17 - 2078  Area Code & Daytime Telephone Number	
Name of P	rson Area Code & Daytime Telephone Number	
Enclosed is a check for the	oflowing amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)	osed)

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** 

FILED

2010 JUN - 1 PM 1 94

Noulle Proner	hy, LLC	SECRETARY OF STATE
(Name of the Limited I (A l	Liability Company as it now a Florida Limited Liability Compa	ppears on vill records.
The Articles of Organization for this Limited Lia Florida document number	bility Company were filed on	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability compan	<u>y here</u> :
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability C	ompany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	POX)	
B. If amending the registered agent and/or registered agent and/or the new registered offi		on our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
		Enter Florida street address
	City	, Florida 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 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> Address **Type of Action** MERM Remove Add Remove □Add Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 5/26/10 Dated\_ ameriber or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00