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|-------------------------------------------------------------------------------------------------------|------------------------------------------|--|--|
| LIDDOOD Ledp29 | | | |
| (Requestor's Name) Robert H. Cooper, P.A. 2999 NE 191st Street, Ste # 900 Aventura, FL 33180 | 100183104651 | | |
| (City/State/Zip/Phone #) | 07/14/1001009014 **25.00 | | |
| ertified Copies Certificates of Status Special Instructions to Filing Officer: | 10 JUL I4 PH 新設計算算 | | |
| | PH 3: 27 | | |
| Office Use Only | S. HAWKES JUL 1 5 2010 EXAMINER | | |
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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------|----------------------------------------|--------------------------------------------|
| | T RTICLES OF (| AMENDMENT O DRGANIZATIO DF | N | • |
| SOID P Name of the Lin | XICICE) nited Liability Compa (A Florida Limited | Intest mei Lability company) | N, U(| · |
| The Articles of Organization for this Limit Florids document number <u>L1</u> 0000 | ed Liability Company 20 6062 9 | were filed on | 72011 | and assigned |
| This amendment is submitted to amend the | following: | | | F |
| A. If amending name, <u>enter the new name</u> | ne of the limited Haj | ollity company here: | | PH 3: |
| The new name must be distinguishable and er "L.L.C." | d with the words "Lin | ited Liability Company," | the designation "L | LC" or the abbreviation |
| Enter new principal offices address, if a | p licable: | 3280 Ga | It Ocean | DR. #9A |
| (Principal office address MUST BE A ST | REET ADDRESS | Fort Laula | urdale, | FL 33308 |
| Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF | | Sar | nl | |
| B. If amending the registered agent a registered agent and/or the new register | and/or registered of | ffice address on our <u>e</u> : | records, <u>enter t</u> | he name of the new |
| Name of New Registered Agent. | Emil | iano Gra | eclo | |
| New Registered Office Address: | 3280 | | an DRI. | # aA |
| | Fort La | Enter I Uderdall City | lorida street addi , Florida | ress <u>~3308</u> Zip Code |
| New Registered Agent's Signature, if chang | ing Registered Agent | I | , , | - |
| I hereby accept the appointment as regine the provisions of all statutes relative to accept the obligations of my position as being filed to merely reflect a change in company has been notified in writing of | he proper and comp registered agent as the registered offici | plete performance of n provided for in Chapt | ny duties, and I a er 608, F.S. Or, | m familiar with and if this document is |
| | If Cha | sing Restorted Agent, S | innature of New Re- | daternd Ageni |
| | Page | lof2 | 1 f | |

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

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MGR = Manager MGRM = Managing Member

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| <u>Title</u> | Name | Address | Type of Action | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--|--|--|
| NGR | Emiliano firecco | 3280 Galt Ocean Dr. #9A Fort lauderclate, FL 3330 | Add B Remove | | | |
| NER | Viktoriya Patrusheva | 2999 NE AI Street, # 900 Aventura, FL 33180 | Add Remove | | | |
| MAR | Lyudmila Patrusheig | 2999 NE 191 Street #900 Aventura: FL-33190 | Add Remove | | | |
| | | | Add Remove | | | |
| | | and the second sec | Add Remove | | | |
| | | ارتینا تائیل کار این کار کار این کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار کار | P Add Remove | | | |
| D. Ifamen | ding any other information, enter change(| (s) here: (Attach additional sheets, if necessary.) | | | | |
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| Dated | | • · · · | | | | |
| | 1. Patraskan | L. Pateuchere | | | | |
| Signature of a member or authorized representative of a member Viktoriya Patrusheva Lyudnijk Patrusheva Typed or printed name of signee | | | | | | |
| Page 2 of 2 | | | | | | |

Filing Fee: \$25.00