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SECRETARY OF STATE

J. BRYAN

JUL 19 2010

**EXAMINER** 

## **COVER LETTER**

TICON 3906 LLC SUBJECT: 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: ADRIANA MAINETTI Name of Person CASTILLO &ASSOCIATES Firm/Company 1390 BRICKELL AV SUITE 200 Address MIAMI FLORIDA 33131 City/State and Zip Code adriana1390@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: tammy perez 9898776 Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & 7\$55.00 Filing Fee & \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

-Registration Section
Division of Corporations

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TICON 3906, LLC

( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL1000061331		
This amendment is submitted to amend the following:	ALLAHAS SECRETAR SECR	
A. If amending name, enter the new name of the limited lial	minty company nere:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abreviation	
Enter new principal offices address, if applicable:	7005 W 17CT	
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH	
	MIAMI FLORIDA 33014	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	<del></del> :	
Name of New Registered Agent: LILIANA SZ	ZALANKIEWICZ	
New Registered Office Address: 1390 BRIC	1390 BRICKELL AV SUITE 103  Enter Florida street address	

## 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 Address Type of Action <u>Title</u> <u>Name</u> Diego Faerman MGR · 1390 Brickell Avenue Add Suite 200 √ Remove Miami, Florida Adela Dragobetzky MGR . 1390 Brickell Avenue Remove Suite 200. Miami, Florida 33131 MGR Marcelo Wolodarsky 7005 W 17 CT ✓ Add ☐ Remove MIAMI FLORIDA 33014 Florencia Wolodarsky MGR... 7005 W 17 ct **V** Add HIALEAH Remove MIAMI FLORIDA 33014  $\square$ Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar) 2010 Dated Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

MARCELO WOLODARSKY, MANAGER

Filing Fee: \$25.00