Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000166282 3)))



H100001662823ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : THOMAS M. CLARK, P.A.

Account Number : 072100000445 Phone : (954)776-3800

Fax Number : (954)776-3825

\*\*Enter the email address for this business entity to be used for fathere annual report mailings. Enter only one email address please.

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 3256 HILLSBORO, LLC

 Certificate of Status
 0

 Certified Copy
 0

 Page Count
 02

 Estimated Charge
 \$25,00

D. BRUCE

JUL 22 2010

**EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

Help

## FAX AUDIT NO. H10000166282 3ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>3256</u>	<u>Hillsboro, LLC</u>	
(Name of the Limited Liability (A Florida L	Company as it now appo- limited Liability Company)	nrs on our records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on	June 17, 2010 and assigned
Florida document numberL10000064915	<b>∽</b> •	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company h	ere:
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Comp	pany," the designation "LLC" or the abbrevia
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
The common with a side of the contraction		\$5 2 T
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on eas here:	144 TH 122
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	E	inter Florida street address
<u> </u>	Ole .	, Florida
	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

2010-إيك-إ2	09:51am	From-
-------------	---------	-------

MGR - Manager

954-776-3825

T-011 P.003/003 F-013

If amending the Manager of Manager 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:

MGRM = Managing Member Type of Action Title Name. <u>Address</u> MGR Deborah Firestone PO Box 4877 Add Remove Deerfield Beach, Florida, 33442 □ Add Remove □ Add Remove Add Remove DDA( Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 20 2010 Dated \_ Signature of a member or authorized representative

Page 2 of 2

Thomas M. Clark, Esquire
Typed or printed name of signee

Filing Fee: \$25.00