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**EXAMINER** 



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SECRETARY OF STATE
TAIL AHASSEF, FLORIO

## **COVER LETTER**

TO:	Registration Division of C	Section Corporations		
SUBJ	ECT:	LIBERTY GROUI	P OF HOLLYWOOD L	LC
0000			ited Liability Company	
The er	closed Articles	of Amendment and fee(s) are sui	bmitted for filing.	
Please	return all corres	spondence concerning this matte	r to the following:	
			MARK HAJEC Name of Person	<del></del>
			Name of Person	
TAX R		TAX R	ECOVERY SERVICES IN	<u>C</u>
			Firm/Company	
4			429 E SHERIDAN ST	
Address				
		DA	NIA BEACH, FL 33004	
	,		City/State and Zip Code	
		TAXREC	OVERY@BELLSOUTH.N	IET
For fu	ther information	n concerning this matter, please of	•	mication)
	Ŋ	MARK HAJEC	at (_954_)	921-1041
	Name	e of Person	Area Code & Dayti	me Telephone Number
		r the following amount:		
<b>▼</b> \$25	i.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	Sed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regi Divis P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIBERTY GROUP OF HOLLYWOOD LLC

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	06/21/2010	and assigned
Florida document number <u>L10000066039</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here	<b>:</b>	
The new name must be distinguishable and end with the words "Limited Liability Compar L.L.C."	ny," the designation "LLC"	or the abbreviati
Cnter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	ÀÀ	DEC
	ASS SSS	HATEFARE SHEET
Inter new mailing address, if applicable:	SEE O	
Mailing address MAY BE A POST OFFICE BOX	FL	
		<u> </u>
	<del></del>	<del>- (i)</del>
3. If amending the registered agent and/or registered office address on or egistered agent and/or the new registered office address here:	ır records, <u>enter the n</u>	ame of the no
Name of New Registered Agent:		
New Registered Office Address:		
Fnt.	er 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.

City

Zip Code

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	BEGGS, KENNETH	12232 NW 75TH PL PARKLAND, FL 33076	Add 
<u>MGRM</u>	MONAGHAN, JOHN	7131 SW 11TH ST PLANTATION, FL 33317	Add ☐ Remove
			Add Remove
D. If amend	ling any other information, enter ch	hange(s) here: (Attach additional sheets, if necessary.)	
_	<u> </u>		<b>-</b> -
_			_ _
Dated <u>)</u>	cember 13th, 6		
	Signature of a me	mbel of authorized representative of a member  JOHN DEMARCO	
	T	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00