# L10000071814

(Requestor's Name	)
(Address)	
(Addiess)	
(Address)	
(	,
(City/State/Zip/Pho	ne #)
PICK-UP WAIT	MAIL
(Business Entity Na	ime)
(Document Numbe	r)
Certified Copies Certificate	es of Status
	. ,
Special Instructions to Filing Officer:	

Office Use Only



700184047007

08/18/10--01009--008 \*\*25.00



C. LEWIS

AUG 1 9 2010

**EXAMINER** 

### **COVER LETTER**

TO: Registration Section Division of Corporation	
xĕ	
SUBJECT: 211	33 SW 85 ave # 35 Z CCC  Name of Limited Liability Company
The enclosed Articles of Am	nendment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	Angel Fernandez Se. Name of Person
	21133 SW 85 ave # 352 LLC Firm/Company
	3235 NW 41 Street
	Miani, Fl 33142  City/State and Zip Code  Papi 3701 @ ao   Com  E-mail address: (to be used for future annual report notification)
-	Papi 370 (@ ao) (on E-mail address: (to be used for future annual report notification)
	eerning this matter, please call:
Angel Ferna. Name of Pe	at (305) 634 6646  Area Code & Daytime Telephone Number
v	
Enclosed is a check for the f	ollowing 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)  Certified Copy (additional copy is enclosed)

ž

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 AUG 18 AM 18: 32

21133 Sw 85  (Name of the Limited (A	Liability Company Florida Limited Lia	H352 CCC y as it now appears on our re- ability Company)	SECR TALLA cords.)	ETARY OF STATE HASSEE. FLORIDA
The Articles of Organization for this Limited Li Florida document number	ability Company v	_		
This amendment is submitted to amend the follow	owing:			
A. If amending name, enter the new name of 21133 SW 85 as				
The new name must be distinguishable and end wit "L.L.C."	h the words "Limite	d Liability Company," the des	ignation "	LLC" or the abbreviation
Enter new principal offices address, if application of the second of the		NIA		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>	NIA		
B. If amending the registered agent and/or the new registered of			s, <u>enter</u>	the name of the new
Name of New Registered Agent:	pla			
New Registered Office Address:	NIA	Enter Florida	street adi	dress
	MA	, F	lorida	
		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

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:

<u>Name</u>	<u>Address</u>	Type of Action
		Add
		Remove
		<del></del>
		<b></b>
		Add Remove
		Add
		Add
		Remove
ending any other information	n, enter change(s) here: (Attach additional she	
Total Burn, Other Internation	,	···, y ·····
	•	Zalo AU
August 13		ZOIO AUG 18
August 13		TAULAHASSEE, FLORID

Page 2 of 2

Filing Fee: \$25.00