(Red	questor's Name)
(Add	dress)
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(City	//State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	siness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:
,	A. LUNT
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	EXAMINER
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 1910 AND 1920 BIAITITE DEWE, CLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	4
Jereny O- Levine, Esq. =	
Levine aw Offices, LA.	
328 Mnorca De	
Coral Gables, EC, 33134	
E-mail address: (to be used for future annual report notification)	7
For further information concerning this matter, please call:	
Jereng Levine at (36) 446-7674 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Solution Filing Fee & Certificate of Status}\$\$ \[\begin{array}{cccccccccccccccccccccccccccccccccccc	

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

(Name of the Limited	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited L Florida document number	iability Company were filed on	7/14/2010	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company he	re:	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Comp	any," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		
B. If amending the registered agent and/registered agent and/or the new registered of		our records, <u>enter th</u>	e name of the ne
Name of New Registered Agent:			
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	1. · · · · · · · · · · · · · · · · · · ·	
	En	ter Florida street addr	ess
		, 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