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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED

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B. KOHR

NOV - 2 2010

EXAMINER

COVER LETTER

Division of Corporations	The s
SUBJECT: Argonne Realty UC Name of Limited Liability Company	7 80
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Janathan Epstein Name of Person	
ARGONNE Realty CCC	
1835 NE MIAM Gerdens DR	
#144 Migm +2 33179	
City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (
Enclosed is a check for the following amount:	
S25.00 Filing Fee \$\ \text{Certificate of Status}\$\ \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ \ \text{Certified Copy (additional copy is enclosed)} \ Cer	

MAILING ADDRESS:

TO:

Registration Section

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



(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000863</u> 7	were filed on $08/62/10$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	cility company here:
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	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.

City

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 <u>Title</u> <u>Name</u> Type of Action ARGONNE Investit M6RM ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated

Typed or printed name of signee
Page 2 of 2

a member or authorized representative of a member

Filing Fee: \$25.00