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B. KOHR

OCT 2 7 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co	ection rporations	•			
SUBJECT:	Frankel	and Bozza, P.L.			
GODJECT.		ited Liability Company	1000		
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing,	25 8		
Please return all corresp	ondence concerning this matte	r to the following:	10 OCT 25 PH W. 15		
		Gregory Frankel			
		Name of Person			
		Firm/Company			
175 SW 7th Street, Ste. 1410					
		Address			
		Miami, FL 33130			
	_	City/State and Zip Code			
	E-mail address: (	ankel@fabentlaw.com to be used for future annual report not	ification)		
For further information	concerning this matter, please	call:			
Gre	egory Frankel	at ( 305 )	860-0633		
Name of Person			me Telephone Number		
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAII	ING ADDRESS:	STREET/COUR	RIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Franka	el and Bozza, P.L.		and assigned w. 15
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appe	ars on our records.)	
(A Florida	Limited Liability Company)		S S
The Articles of Organization for this Limited Liability C	Company were filed on	August 13, 2010	_ and assigned
Florida document numberL1000085108	_·		F. 6
This amendment is submitted to amend the following:			<b>0</b> ,
A. If amending name, enter the new name of the lim	ited liability company he	ere:	
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Com	pany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)	RESS)		
			<u>.</u>
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 add		our records, enter the	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
-		, 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

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 \*

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Urban Power Enterprises	175 SW 7th Street, Ste. 1410 Miami, FL 33130	Add ✓ Remove
MGRM_	Gregory Frankel	175 SW 7th Street, Ste. 1410 Miami, FL 33130	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ameno	ding any other information, enter chan	age(s) here: (Attach additional sheets, if necessary.,	) 
_			<u> </u>
_			<del></del>
Dated	October 19, 20	010	
	Signatura of a momb	per or authorized representative of a member	<del></del>

Page 2 of 2

Filing Fee: \$25.00