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SECRETARY OF STATE
TALLAHASSEE, FLORID

T. CLINE

AUG 3 1 2010

EXAMINER

## **COVER LETTER**

Division of Corporations
SUBJECT: 1680, LLC Name of Limited Liability Company
/ Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dr. DENIS NEUHUT  Name of Person
Firm/Company
1060 Kane Concourse
1060 Kane Concourse  Address  Bay Harbor Islands, R33154  City/State and Zip Code  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call:  WILLIAM J. SEGAL, 650. at (305, 682–1110
Name of Person Area Code & Daytime Telephone Number
<b>3</b>
Enclosed is a check for the following amount:
\$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)

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

1680 LC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on ou I Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L/0000 8640</u>	ny were filed on $8/17$	1
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		7 S 28
(Principal office address MUST BE A STREET ADDRESS)		LEG AUG
		HE G
		25 O 1
Enter new mailing address, if applicable:		ma ro
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	S T S T S T S T S T S T S T S T S T S T
		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	rida 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mana MGRM = Ma	nger nnaging Member		
Title	<u>Name</u>	Address	Type of Action
MGRM	FRANCES NEUHUT	1060 Kane Concourse Bay Harbour Is Ands FU 33154	<b>52</b> Add Remove 
	·		Add Remove
	<del></del>		Add Remove
	<del> </del>	A C	SE DE MOVE
	<del></del>	٧ ٣ ٣	P P P
			Add Remove
D. If amendi	ng any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	
			_
<del></del>			 
Dated A	Sust 25, 20, X Davis New HUT Signature of a member of DENICS NEV HUT	O	
-	DENICS NEVHUT	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00