L10000089379

(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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02/14/12--01011--008 **11.25

01/18/12--01019--019 **43.75

12 FEB 13 PH 3: 59
SHORE WRY OF STATE

D. BRUCE FEB 1 4, 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 2, 2012

ROBERT L. GRAYDON TAX EMPORIUM, INC. 3059 W BROWARD BLVD. FORT LAUDERDALE, FL 33312

SUBJECT: 1015 LLC

Ref. Number: L10000089379

12 FEB 13 PH 3: 59

SCRUMET OF STATE

We have received your document for 1015 LLC and your check(s) totaling \$43.75. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

There is a balance due of \$11.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 312A00004113



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 19, 2012

ROBERT L GRAYDON 3059 W BROWARD BLVD FORT LAUDERDALE, FL 33312

SUBJECT: 1015 LLC

Ref. Number: L10000089379

12 FEB I 3 PH 3: 59

We have received your document for 1015 LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

There is a balance due of \$11.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 112A00001297

COVER LETTER

TO:	Registration S Division of Co	Section orporations	•	
SUBJECT:		1015 LLC		
		Name of Lim	ited Liability Company	
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.	,
Please	return all corresp	ondence concerning this matte	r to the following:	
		ROBERT	L GRAYDON	
			Name of Person	
TAX EM		TAX EME	ORIUM, INC. Firm/Company	2 FEB
				EB 13 PH
		3059 W	BROWARD BLVD. Address	<u></u>
			Vaniess .	SIAA C
		FORT LA	UDERDALE FL 33312 City/State and Zip Code	S9
		@bellsouth.net E-mail address: (concerning this matter, please of	to be used for future annual report notifica	ition)
	Name o	of Person	at ()	elephone Number
			·	•
Enclose	ed is a check for t	he following amount:		
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	X \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURIED Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1015 LL	C				
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on ited Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Com	pany were filed on Augu	st 25, 2	010 and assigned		
Florida document number <u>L10000089379</u>			,		
This amendment is submitted to amend the following:		,			
A. If amending name, enter the new name of the limited	liability company here:				
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Company,"	the designation	"LLC" or the abbreviatio		
Enter new principal offices address, if applicable:	2258 WILTO	N DRIVE			
(Principal office uddress MUST BE A STREET ADDRES	S) WILTON MANORFL	33305			
			<u> </u>		
Enter new mailing address, if applicable:	4404 QUEEN	PALM LANE	A TO THE TANK		
(Mailing address MAY BE A POST OFFICE BOX)	TAMARAC FL	33319	SAR 3 I		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our r	ecords, enter	9 9 0		
Name of New Registered Agent:	BARRY SCHEIN	NER			
New Registered Office Address:		4404 QUEEN PALM LANE Enter Florida street address			
	TAMARAC	. Florida	33319		
	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 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 Title <u>Name</u> Address Type of Action MGRM BARRY SCHEINER 4404 QUEEN PALM LANE X Add TAMARAC FL 33319 Remove MGRM CLAUDETTE BRODY 9201 NW 45TH STREET Add 🔲 Remove SUNRISE Add XX -MGR---MERV-BRODY--------9201-NW-45TH-STREET Remove SUNRISE 33351 □Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The members of the company is Barry Scheiner and Mery Brody The ownership is 50% each. Dated JANUARY 2012 Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

BARRY SCHEINER

Filing Fee: \$25.00