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J. BRYAN

SEP 15 2010

**EXAMINER** 

## **COVER LETTER**

	407 NE	67 OOUDT 11 O			
SUBJECT:		57 COURT, LLC lited Liability Company			
	of Amendment and fee(s) are su condence concerning this matte				
		LEONID NERDINSKY			
		Name of Person			
	NERDINSKY LAW GROUP Firm/Company		<b>3</b>		
		•	SEP		
	3800 S	. OCEAN DRIVE SUITE 222 Address	SP 14 M		
		OLLVINOOD EL 00040	P 14 M 11: 45 HASSEE, FLORIDA		
	H	OLLYWOOD, FL 33019 City/State and Zip Code			
	LNERDIN E-mail address:	SKY@NERDINSKYLAW.COM (to be used for future annual report notification			
For further information	concerning this matter, please	call:			
	NID NERDINSKY of Person	at (at (954_)237	7-6307 Jephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

407 NE 57 CO	URT, LLC _			
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	, <mark>as it now appears (</mark> ability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company we Florida document number L1000094055	vere filed on	09/08/2010	and assigned	
			SEP 14 MIN: 45	
This amendment is submitted to amend the following:			SEE	
A. If amending name, enter the new name of the limited liability	ity company here:		72	
401 NE 57 COL			5	
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company	," the designation "LL	C" 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)				
			<del></del>	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		r records, <u>enter the</u>	name of the new	
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	. Florida			
	City	, 1 101 144	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	ete performance of rovided for in Cha	fmy duties, and I an pter 608, F.S. Or, if	n familiar with and Tthis document is	

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 = Ma MGRM = N	inager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
<del></del>			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			AddRemove
<del></del>			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	FILE 10 SEP 14 SECRETARIASSEE
			ED  ANII: 45  SEE, FLORIDA
Dated	Saprener 9 . 20		
	LEON/10/	or authorized representative of a member  Or authorized representative of a member  or printed name of signee	<del></del>
		Page 2 of 2	

Filing Fee: \$25.00