L10000112782

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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TO DEC 13 PM 1:50

T. HAMPTON
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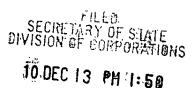


COVER LETTER

TO: Registration S One of Co				
SUBJECT:		E 3810, LLC.		
	Name of Lim	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		DAVID HOROWITZ		
Name of Person				
	DAVIE 3810, LLC.			
Firm/Company				
	2	891 S.W. 69 COURT		
		Address		
	MIAMI, FL 33155			
	City/State and Zip Code			
	VIDA	ENT@BELLSOUTH.NET to be used for future annual report notification	n)	
For further information of	concerning this matter, please o	•	,	
DAV	ID HOROWITZ	at (305) 265	4480	
Namo o	of Person	Area Code & Daytimo Tole	phone Number	
Enclosed is a check for t	he following amount:			
₹ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ING ADDRESS:	STREET/COURIER A	ADDRESS:	

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 Tallahasses, FL 32301

ARTICLES OF AMENDMENT TO SECRETA ARTICLES OF ORGANIZATION DIVISION OF OF



DAVIE 3810, LLC.

(Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/28/2010 and assigned

Florida document number _____L10000112782 _____.

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

DAVID HOROWITZ

New Registered Office Address:

2891 S.W. 69 COURT

Enter Florida street address

MIAMI

_, Florida ___

33155

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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGRM	SAMUEL HOROWITZ	2891 S.W. 69 COURT MIAMI, FL 33155	Add _ ☑ Remove			
MGRM	DAVID HOROWITZ	2891 S.W. 69 COURT MIAMI, FL 33155	Add Remove			
MGR	VIDA P. HOROWITZ	2891 S.W. 69 COURT MIAMI, FL 33155	[7] Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If amen	ding any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)				
_ 			SECRETARY OF SOLVISION OF BOOKPO			
Dated	cember 9th	, 2010.	RATIONS			
Signature of a member or authorized representative of a member						
Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00