

L10000116837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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11/30/10--01027--001 **25.00

2010 NOV 30 PM 6:00
FALLAS, ALABAMA
C. LEWIS

C. LEWIS
DEC 1 2010
EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 126 NW 61 ST, LLC
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:

Sheila Orozco

Name of Person

Firm/Company

5901 SW 45 Street

Address

Miami, Florida 33155

City/State and Zip Code

SOrozco@TSRoofingSystems.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheila Orozco

Name of Person

at (305)

265-2654

Area Code & Daytime Telephone 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)

☐ \$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

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**

FILED
2010 NOV 30 PM 2:00

126 NW 61 ST, 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 11/09/2010 and assigned
Florida document number L10000116837.

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)

198 Caoba Court

Coral Gables, Florida 33143

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5901 SW 45 Street

Miami, Florida 33155

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:

Suzanna Cancio

New Registered Office Address:

198 Caoba Court

Enter Florida street address

Coral Gables

, Florida

33143

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.

[Signature]
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 = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jose Cancio	1461 NW 23 STREET Miami, Florida 33142	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Suzanna Cancio	198 Caoba Court Coral Gables, Florida 33143	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated November 16, 2010

 Signature of a member or authorized representative of a member
Suzanna Cancio
 Typed or printed name of signee

FILED
 2010 NOV 30 PM 4:00
 11-30-10