13000123773

(Requestor's Name)
. (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:

G. MCLEOD'se Only

MAY 1 9 2011

EXAMINER



800199800388



-**800199800388** 04/01/11--01027--001 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ICOn Reickell 3-2310, LCC 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:		
EZIO Puia-Hi Name of Person		
Firm/Company		
1801 S. Ocean DR. Ste. G		
Hallandale Beach FL 33009 City/State and Rip Code		
F-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
EZIO PUICITI af 954, 457 - 7653 Name of Person Area Code & Daytime Telephone Number		
inclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{S55.00 Filing Fee & S60.00 Filing Fee, }\ \text{Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy}		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

FILED

11 MAY 18 PM 3: 23

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECREJARY OF STATE TALLAHASSEE, FLORIDA

Toon Brickell 3-2	310, 42	
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records.) led Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>1000123</u>	pany were filed on $12/2/2010$ and assigned	
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 abbreviation	
Enter new principal offices address, if applicable:	1801 S. Ocean Drive Ste G	
(Principal office address MUST BE A STREET ADDRESS	e Hallandale Boach, FI 33059	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1801 S. Orean Drive, Ste G Hallandale Beach, FL 3300	
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: [-7]	o Puia:Hi	
New Registered Office Address: 1801	5. OCCAN Drive Ste G Enter Florida street address	
rlallar	City Zin 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

MGR = Manager

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:

MGRM = Managing Member Address Type of Action Title Name 🔽 Remove _] ∧dd Remove ∏Add □Remove ∏Add Romove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00