11000026302

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (6.11 |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



400199194104

03/28/11--01041--010 **30.00

2011 MAR 28 MM D 4.J SECRETARY OF STATE

T. CLINE

MAR 2 9 2011

EXAMINER

COVER LETTER

| Division of Corporations | | |
|---|--|--|
| SUBJECT: ACCES LYGUOR SARE, Lh C 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: | | |
| rease return an correspondence concerning this matter to the following. | | |
| JEANIVO + DANIE! Name of Person | | |
| ACCESS LIGUR STORE, LLC Firm/Company | | |
| 1515 NW SMH TER Address | | |
| AuderHill, Pl 333/3 City/State and Zip Code | | |
| ACCUSS AX MULTI SUITICE OF MAHON-COM PER BE-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| SCHMO+ Aniel at 94, 793-1998 Name of Person Area Code & Daytime Telephone Number To the state of Person at 94, 793-1998 Area Code & Daytime Telephone Number | | |
| | | |
| Enclosed is a check for the following amount: | | |
| \$25.00 Filing Fee \$ Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee \$ Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) | | |

MAILING ADDRESS:

TO:

Registration Section

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

| (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 <u>03-02-2011</u> and assigned | | |
| Florida document number <u>L11000036302</u> . | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| The new name must be distinguishable and end with the words "Lin"L.L.C." | nited Liability Company," the designation "LLC" or the abbreviation | |
| Enter new principal offices address, if applicable: | 2021 W. SAMPLE ROD | |
| (Principal office address MUST BE A STREET ADDRESS) | Coral Springs, Pl. 33065 | |
| Enter new mailing address, if applicable: | 3021 W. SAMPLE ROD | |
| (Mailing address MAY BE A POST OFFICE BOX) | Cord SPRINGS, P. 33065 | |
| B. If amending the registered agent and/or registered o | | |
| registered agent and/or the new registered office address he | re: SEF. F. | |
| Name of New Registered Agent: | 97 5 Feed | |
| New Registered Office Address: | DA F | |
| | Enter Florida street address | |

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 <u>Title</u> Address Type of Action Guy R Telfort □ Add Remove **⊠** Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 03 - 24 - 2011

Page 2 of 2

Filing Fee: \$25.00