

Division of Corporations Electronic Filing Cover Sheet

<u> 364866</u>

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000121853 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305) 634-3694

Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2020-1204 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25,00

MAY - 3 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

5/2/2011

EMPIRE CORP KIT

3026333696

22:22 1102/10/90

H11000121853

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020-1204 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 04/01/2011 L11000039287 Florida document number 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 Enter new principal offices address, if applicable: 9737 NW 41 ST # 414 DORAL, FL 33178 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 9737 NW 41 ST # 414 DORAL, FL 33178 Mailing address MAY BE A POST OFFICE BOX 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: New Registered Office Address: Enter Florida street address Florida 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, Stansture of New Recistered Agent

Page 1 of 2

H11000 121853

H11000121853

; 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>l'itle</u>	<u>Name</u>	Address	Type of Action
MGRM	2020 Ponce Investments, UC	9737 NW 41 ST # 414 DORAL FL 33178	Add Remove
<u>MGRM</u>	2020 PONCE INVILC	1400 Palmetto Frontage Road H 20. MIAMI LAKES, FL 33016	Add Remove
			Add 20 MA
			Add To Remove 2 PM
			Add Remove
D. If amen	ding any other information, enter change	(8) here: (Attach additional sheets, if necessary.)	Add Remove
_			
			-
Dated	- Fauras co		,
	Francisco	or futbolized representative of a member OF EUCLS Arics Schotzer or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00

H11000121853