# L1100045105

(Re	equestor's Name)	`
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

G. MCLEOD

DEC 12 2012

**EXAMINER** 



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# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS WANTS YOU TO KNOW...

Business Identity Theft is a broad term that encompasses a wide variety of crimes involving the unauthorized use of a business identity. Small and midsize companies are tempting targets for criminals. 60% of small businesses close within a year of being victims. In an effort to be more business friendly and to heighten security, the Department of State has instituted an e-mail notification process whereby business entities are sent e-mail notices when any changes are made to their records. This e-mail notice will be sent to the previous e-mail address of record. If the change was not authorized by a principal of the business entity, you will be able to notify the Department utilizing a link provided in the e-mail.

### The 2012 Florida Statutes

817.155 Matters within jurisdiction of Department of State; false, fictitious, or fraudulent acts, statements, and representations prohibited; penalty; statute of limitations.—A person may not, in any matter within the jurisdiction of the Department of State, knowingly and willfully falsify or conceal a material fact, make any false, fictitious, or fraudulent statement or representation, or make or use any false document, knowing the same to contain any false, fictitious, or fraudulent statement or entry. A person who violates this section is guilty of a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

# **COVER LETTER**

TO: Registration So Division of Co			
SUBJECT:	Any Uri Name of Limit	vetzky LLC ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Amu	Biernacki Name of Person	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	
	2150 NW	107th terrace	
	Sunnis	e FL 33322 City/State and Zip Code	
	E-mail address: (to	ealtorassociate@obe used for future annual report notificat	gmail. Com
For further information of	concerning this matter, please ca	all:	
Amy R	oiernacki of Person	at (954) 709-56 Area Code & Daytime To	47 elephone Number
Enclosed is a check for t	he 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

(Name of the Limited Liability Company as thow appears on our records.)  (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 4114/2011 and assigned Florida document number L11000045105.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Amy Biernacki LLC  The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation of the company of the designation of the company of the company of the company of the designation of the company of
"L.L.C."
Enter new principal offices address, if applicable: 2150 NW 107th terrace
(Principal office address MUST BE A STREET ADDRESS) SUNDISC, FL 33322 5
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  Enter new mailing address MAY BE A POST OFFICE BOX)  2150 NW 107th Terrace  Sunnise, FL 333222 5  Sunnise, FL 333 222 5  Sunnise
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:  Amy Biernacki  2150 NW 107th Terrace  Enter Florida street address
New Registered Office Address: 2150 NW 107th Terrace
Enter Florida street address
Sunite , Florida 33322 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
ugam Mrs.	Amy Biernacki	2150 NW 107th terrace	Add
	·	Sunrise R 33322	
ngan Ms.	Amy Urivetzky	9164 NW 44th ct Suncise & 33357	Add
	,	Suncise & 33357	Remove
			Add
			Remove
			Add
			Remove
			\ \ \_ \Add
			Remove
			Remove

The Beach
 Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00