

L11000062232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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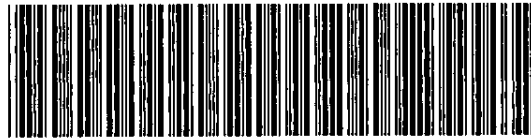
(Business Entity Name)

(Document Number)

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12 MAR 22 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

MAR 23 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 9200 Lyndale Avenue Bloomington MN, 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:

Valeria Dolcimascolo  
Name of Person

9200 Lyndale Avenue Bloomington MN  
Firm/Company  
LLC

7154 N. University Dr. #271  
Address

Tamara FL 33321  
City/State and Zip Code

9200 Lyndale Avenue eBmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valeria Dolcimascolo 877 542-4747  
Name of Person 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

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12 MAR 22 PM 12:18  
STAFF OF STATE  
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

9200 Lyndale Avenue - Bloomington MN, 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 5/26/2011 and assigned  
Florida document number L11 000062232

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)

7154 N. University Dr.  
#271  
TAMARAC FL 33321

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7154 N. University Dr.  
#271  
TAMARAC FL 33321

**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:

Valeria DolciMascolo

New Registered Office Address:

7154 N. University Dr. #271

*Enter Florida street address*

Tamarac

*City*

Florida

33321

*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.

Valeria DolciMascolo  
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>
<u>MGR</u>	<u>ERIC Leeper</u>	<u>10150 NW 47th St</u> <u>Sunrise FL 33357</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Valeria Dolcimascolo</u>	<u>7154 N. University Dr</u> <u>#271</u> <u>TAMARAC FL 33321</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>Kathryn Leeper</u>	<u>7154 N. University Dr</u> <u>#271</u> <u>TAMARAC FL 33321</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>      </u>	<u>      </u>	<u>      </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>      </u>	<u>      </u>	<u>      </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>      </u>	<u>      </u>	<u>      </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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12 MAR 22 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated

March 30, 2012

Valeria Dolcimascolo

Signature of a member or authorized representative of a member

Valeria Dolcimascolo

Typed or printed name of signee