

L110000067789

(Requester's Name), Company
1890 SW 57 AVE STE.101
MIAMI, FL 33155

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

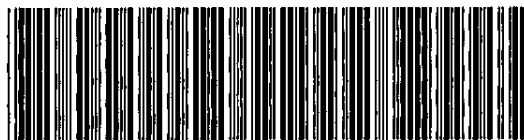
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

FEB 14 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2012

LAZARUS TRANSITION HOMES LLC
1570 NW 133 ST
MIAMI, FL 33162

SUBJECT: LAZARUS TRANSITION HOMES LLC
Ref. Number: L11000067789

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LAZARUS TRANSITION HOMES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 812A00005083

MARTS ACCOUNTING COMPANY

1890 SW 57 AVE SUITE 101
MIAMI, FL 33155
Phone: 305-264-1733
Fax: 305-264-1735
maida.martinez@att.net

February 10, 2011

Registration Section
Division of Corporation

FILED
2012 FEB 13 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To whom it may concern:

Enclosed please file the amendment of Lazarus Transition Home LLC Document
No. L 11000067789.

We send the previously document that you rejected whit the check No. 1147 on February 2,
2012 for \$ 35.00

Please apply this new document to that payment a returned the differences of \$ 10.00 to the
address above mentioned.

Thank you,


Maida C. Martinez

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

LAZARUS TRANSITION HOMES 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 06/09/2011 and assigned
Florida document number L11000067489.

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)

1570 NW 133 ST
Miami, FL 33162

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1570 NW 133 ST
Miami, FL 33162

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 _____

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, 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>
MGRM	Miguel Paneka	140 Benevento Ave Coral Beach FL 33146	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated

2/10/2012

Signature of a member or authorized representative of a member

Miguel Paneka

Typed or printed name of signee