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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE

Account Number : J20000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 4219 SALON, LLC

Certificate of Status 0 Certified Copy Ð Page Count 03

**Estimated Charge** \$25.00

D. BRUCE

JUL 20 2011

Electronic Filing Menu Corporate Filing Menu

I of 1

JUL 19

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4219 SAL	on, LLC	
(Name of the Limited Lis (A Flo	ability Company as it now appears of orida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liabi	ility Company were filed on 07	18 2011 and assigned
Florida document number <u>L110008</u>	_	'
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with th	he words "Limited Liability Company,	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
	·	<u>≯</u>
	,	AC F
Enter new mailing address, if applicable:	<u> </u>	52 5
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
•		Pos
		OR I
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
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

Page 1 of 2

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#0286 P.003/003

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 = Mana MGRM = Ma	iger naging Member		
Title	Name	Address	Type of Action
MGKEM	Rosa Rochiquez	7361 COLD STREAM OR MIANUL FL 33015	X Add Remove
	•		Add Remove
<del></del>	·		AddRemove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar)	11 JU
			19 AN BOTATE ASSPEE, FLORIDA
Dated	Signature of a mombe	To salthorized representative of a member	Dr. ed.

Page 2 of 2

Filing Fec: \$25.00

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