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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

T. HAMPTON SEP 1 0 2011

EXAMINER

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: FIRS		ted Liability Company	LLC
The enclosed Articles of Am	endment and fee(s) are sub	omitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
-	ANTHO	NY CANTEY Name of Person	
	CANT	EY REACTY Firm/Company	
_	246	NE 82 ST	
·	Mia	Address My, FL 3313	>8
	From	City/State and Zip Code  Lay e 201. Cor to be used for future annual report notifica	<b>∽</b>
For further information conc	erning this matter, please c	all:	
ANTHONY	CANTEY	at (305) 836 -	8686
Name of Pe	rson	Area Code & Daytime T	elephone Number
Enclosed is a check for the fo	ollowing 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)
Registratio	f Corporations	STREET/COURIEI Registration Section Division of Corporati Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		BUYER		٠ .	
(Name of the Limited (A	<b>Liability Compa</b> Florida Limited l	ny as it now appear Liability Company)	rs on our records.)	<b>4</b> . 8	
The Articles of Organization for this Limited Lia Florida document number LICODO 80	ability Company	were filed on $\underline{\Delta}$	uly 28,	NET ARN NASSI	ned .
This amendment is submitted to amend the follo  A. If amending name, enter the new name of	J	oility company her	<u>·e</u> :	AM II: 24 7 OF STATE EE. FLORID	ED
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability Compa	nny," the designatio	<b>&gt;</b>	breviation
Enter new principal offices address, if applica	ıble:	840	8 WIND mar, Fi	SOR DR	
(Principal office address MUST BE A STREE)	( ADDRESS)	Mya	mar, Fi	_33025	-2843
Enter new mailing address, if applicable:		8408	02DUIW	e Dr	
(Mailing address MAY BE A POST OFFICE BOX)		8408 WINDSOR Dr Myramar, FZ 33020			
B. If amending the registered agent and/o registered agent and/or the new registered of	<u>ice address hei</u>	<u>re</u> :			the new
Name of New Registered Agent:	TAN	141W 80:	QUE YOU	76	
New Registered Office Address:	48	OB WINE	SDQ DA	address	
	Mwan	City		3302 - Zip Code	2843
New Registered Agent's Signature, if changing R					
I hereby accept the appointment as registered	d agent and agi	ree to act in this c	apacity. I further	agree to comply	y with

MChanging Registered Agent Signature of New Registered Agent

Page 1 of 2

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, hereby confirm that the limited liability

company has been notified in writing of this change.

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> Address Type of Action 8408 WINDSOR Drive KAdd MYRAMOR, FL 33025-2843 Remove DUNG M ALVAT ☐ Add Remove ☐ Add Remove ∏ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00