## 1 1000 15 95

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
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Office Use Only



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D. BRUCE

JAN 25 2012

**EXAMINER** 

## **COVER LETTER**

| TO: Registration S  Division of C      |  |  |   |  |  |  |  |
|--|--|--|---|--|--|--|--|
| <u>.</u>                               | Aids                                       | an & Nadia, LLC  |   |  |  |  |  |
| SUBJECT:                               |  | Limited Liability Company                                      |   | _  |  |  |  |
| The enclosed Articles of               | of Amendment and fee(s) are                | submitted for filing.  |   |  |  |  |  |
| Please return all corresp              | pondence concerning this ma                | atter to the following:  |   |  |  |  |  |
|  |  | Ryan Kartheiser  |   | ·  |  |  |  |
|  |  | Name of Person   |   | _  |  |  |  |
| ·                                      |  | Aidan & Nadia, LLC   |   |  |  |  |  |
| Firm/Com                               |  |  |   | -<br>- 2% <b>る</b>   |  |  |  |
| 17                                     |  | 171 N Shore Drive, 171-  | -2  | . ,  |  |  |  |
|  |  | · Address  |   | JAN 23   |  |  |  |
| Miami Beach, Florida 33141             |  |  | 41  | - RE. FLOO   |  |  |  |
|  | II: 20 STATE STATE                         |  |   |  |  |  |  |
|  | E-mail addres                              | rkartheiser@gmail.com<br>ss: (to be used for future annual rep |   | - 20<br>- 20   |  |  |  |
| For further information                | concerning this matter, plea               | se call:   | •   |  |  |  |  |
| Ry                                     | /an Kartheiser                             | at (_630 )   | 338-9986                                  |  |  |  |  |
| Name of Person                         |  | Area Code &  | Daytime Telephone Num                     | iber   |  |  |  |
| 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 ea     | Certifi<br>nclosed) Certifi               | Filing Fee, icate of Status & fied Copy tional copy is enclosed) |  |  |  |
|  | LING ADDRESS: tration Section              | STREET/C<br>Registration                                       | COURIER ADDRESS:                          | :  |  |  |  |
| Division of Corporations P.O. Box 6327 |  | Division of  | Division of Corporations Clifton Building |  |  |  |  |

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Algan & N  |   |                         | <u> </u>                      |
|--|---|-------------------------|-------------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited   | a <b>ny as it now appe</b><br>Liability Company | ars on our records<br>) | <u>.</u> )                    |
| The Articles of Organization for this Limited Liability Company Florida document numberL11000115195                    | y were filed on _                               | October 07, 2           | 011 and assigned              |
| This amendment is submitted to amend the following:  |   |                         |                               |
| A. If amending name, enter the new name of the limited lial  | bility company h                                | ere:                    |                               |
| The new name must be distinguishable and end with the words "Lim" "L.L.C."   | nited Liability Com                             | pany," the designati    | ion "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:  |   |                         | <u> </u>                      |
| (Principal office address MUST BE A STREET ADDRESS)  |   |                         | 55: <b>5</b> - 71             |
|  |   |                         | 2 2                           |
| Enter new mailing address, if applicable:  | 171 N Shore                                     | e Drive, 171-2          | E B                           |
| (Mailing address MAY BE A POST OFFICE BOX)   | Miami Beac                                      | h, Florida 3314         | 11 <u>85</u> 28               |
|  | <del> </del>                                    |                         | 7                             |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her |   | our records, <u>en</u>  | ter the name of the new       |
| Name of New Registered Agent:  |   |                         |                               |
| New Registered Office Address:   |   | Inter Florida stree     | t address                     |
|  |   | m                       | _                             |
|  | City  | , Florid                | 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 **Type of Action Title** Name <u>Address</u> **MGRM** Jeff Kartheiser 171 N Shore Drive, 171-2 √ Add Miami Beach, FL 33141 Remove ∏ Add Remove ☐ Add Remove Remove  $\Box$ Add \_\_\_ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) January 18 2012 Dated Signatule of a member or authorized representative of a member Ryan Kartheiser Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00