

L11000126306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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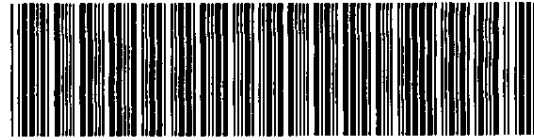
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC 29 PM 12:48

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N. Cullen JAN 2 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Baron Siamanto Levon
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:

Alan Greenstein
Name of Person

Baron Siamanto Levon
Firm/Company

14559 Drafthorse Lane
Address

Wellington, FL 33414
City/State and Zip Code

alan@
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan Greenstein at (561) 779 5283
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

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

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Baron Siamanta Levon LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company) **JACKSONVILLE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on 11/7/2011 and assigned
Florida document number L11000126306.

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)

14559 Drafthouse Lane

Wellington, FL 33414

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14559 Drafthouse Lane

Wellington, FL 33414

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:

Alan Greenstein

New Registered Office Address:

14559 Drafthouse Lane

Enter Florida street address

Wellington
City

Florida

33414
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.

A Greenstein

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

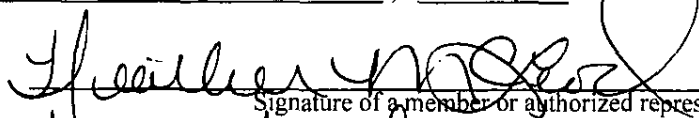
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Alan Greenstein	14559 Drafthorse lane Wellington, FL 33414	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Blanca Greenstein	14559 Drafthorse lane Wellington, FL 33414	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<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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SEALING STATE
TALLAHASSEE, FLORIDA

Dated 12/26, 2011.



Signature of a member or authorized representative of a member

Heather McLeod

Typed or printed name of signee