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EXAMINER



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COVER LETTER

TO:	Registration Sect Division of Corpo		egismi veide		
			and Dee LLC		
5. 4	*1	Name of Limi	ited Liability Company		
Tha an	alogad Artialog of As	্ট্ mendment and fee(s) are sub	amittad fan filina		
ine en	closed Afficies of Af	mendment, and ree(s) are suc	omitted for iming.	, e ^{NU} 2,	
Please	return all correspond	dence concerning this matter	to the following:		18. 18.
		·			强烈力
			Jerry Kahn Esquire	To Mark 23	ارزوند) الرزوند)
			Name of Person	دن:	
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			Firm/Company		
		•	PO Box 41-4213		
			Address	<u> </u>	
		*			
		<u>Miar</u>	ni Beach, Florida 33141		
		ka	City/State and Zip Code		
		Ka	hnman@bellsouth.net	· · · · · · · · · · · · · · · · · · ·	
		E-mail address: (1	o be used for future annual report notifi	cation)	
For fur	ther information con-	cerning this matter, please c	all:		
	lo	rry Kahn	205	861-3606	
	Name of P	_ 	at (305) Area Code & Daytime		
		**	, , , , , , , , , , , , , , , , , , ,	,	
Enclose	ed is a check for the	following amount:			
√ \$25	.00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy	
				(additional copy is enclose	ed)
MAILING ADDRESS:		G ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO , ARTICLES OF ORGANIZATION OF

Norm and Dee LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

			1	
The Articles of Organization for this Limited Liability	y Company were filed on	11/17/2011	and assigned	
Florida document number L11000131491	·		•	
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the l	imited liability company her	<u>e</u> :		
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		·		
B. If amending the registered agent and/or regregistered agent and/or the new registered office a		our records, <u>enter ti</u>	he name of the new	
6				
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:				
	Enter Florida street address			
	City	, Florida	Zip Code	
	CHV		zin 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 Title ' **Name Address** Type of Action **MGRM** Ronald Volk 1141 71st Street ☐ Add Miami Beach, Elorida, 33141 **▼** Remove MGR Sherilyn M. Volk Trustee 7110 Falls Road ✓ Add Boynton Beach, Florida 33437. ☐ Remove ☐ Add □ Remove Add Remove \square Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April, 20 Dated Signature of a member or authorized representative of a member Jerry Kahn Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00