

L11000135932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

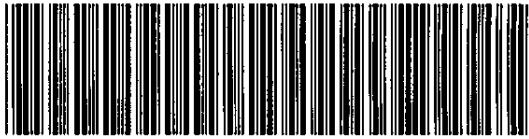
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
ARTIFICIAL INTELLIGENCE

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 4100 FEDERAL HWY, LLC
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:

KAREN CHRISTENSEN
Name of Person

ACCTNG SOULTIONS OF BOCA
Firm/Company

25 FOREST HILL LANE
Address

BOCA RATON, FL 33431
City/State and Zip Code

happykc@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT KAHN at **(305) 672-0469**
Name of Person Area Code Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

850-245-6051

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

4100 FEDERAL HWY, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/02/2011 and assigned Florida document number L11000135932.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

25 Forest Hill Lane
Boca Raton, FL 33431

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STATE OF FLORIDA
TALLAHASSEE

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:

KAREN CHRISTENSEN

New Registered Office Address:

25 Forest Hill Lane

Enter Florida street address

Boca Raton,

City

Florida 33431

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 605, 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.

Karen Christensen

If Changing Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	VITO BARBARO	3684 NW 16 ST	<input type="checkbox"/> Add
		LAUDERHILL, FL 33311	<input checked="" type="checkbox"/> Remove
AMBR	VITO BARBARO	3684 NW 16 ST	<input type="checkbox"/> Add
		LAUDERHILL, FL 33311	<input checked="" type="checkbox"/> Remove
MGR	JOHN CAVALIERI	300 MANITOBA ST. # 318	<input type="checkbox"/> Add
		TORONTO, ON M8Y 4-66 CA	<input checked="" type="checkbox"/> Remove
AMBR	JOHN CAVALIERI	300 MANITOBA ST. # 318	<input type="checkbox"/> Add
		TORONTO, ON M8Y 4-66 CA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 CLERK OF DISTRICT COURT
 1ST DISTRICT
 MIAMI, FL

E. Effective date, if other than the date of filing: _____ **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated FEBRUARY 13 2014



Signature of a member or authorized representative of a member

JOIA MIA, INC., BY FRANCO CAVALIERI, its Secretary

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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