

L11000136963

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2012 AUG 17 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 20 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 333-CU1, 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:

STUDER, SEBASTIEN

Name of Person

333-CU1, LLC.

Firm/Company

333 NE 24TH Street, Suite 100

Address

Miami, FL 33137

City/State and Zip Code

SEB_STUDER@YAHOO.FR

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

For further information concerning this matter, please call:

STUDER, SEBASTIEN

Name of Person

at (713)

5984157

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

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TALLAHASSEE, FL
SECRETARY OF STATE

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

333-CU1, 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 12/06/2011 and assigned
Florida document number L11000136963.

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:

333 NE 24TH Street, Suite 100

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33137

Enter new mailing address, if applicable:

333 NE 24TH Street, Suite 100

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33137

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:

STUDER, SEBASTIEN

New Registered Office Address:

333 NE 24TH Street, Suite 100

Enter Florida street address

MIAMI

, Florida

33137

City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	STUDER, SEBASTIEN	407 LINCOLN ROAD SUITE #6-F MIAMI BEACH FL 33139	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	TAHAR, ALLAN	407 LINCOLN ROAD SUITE #6-F MIAMI BEACH FL 33139	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	STUDER, SEBASTIEN	333 NE 24TH Street, Suite 100 Miami, FL 33137	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	TAHAR, ALLAN	333 NE 24TH Street, Suite 100 Miami, FL 33137	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _____, _____



Signature of a member or authorized representative of a member

SEBASTIEN STUDER

Typed or printed name of signee