L12000008783

(Requestor's Name)				
(Address)				
(Addr	ess)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Busin	ness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



200224176022

03/26/12--01022--001 **75.00

SECRETARY OF STATE DIVISION OF SCRETARY OF

MAR 2 7 2012 T. HAMPTON

COVER LETTER

COVER
TO: Registration Section Division of Corporations
SUBJECT:
·
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Drora Weinneb
Drova M. Weinreb PA Firm/Company
20283 State Rd 7, #400
Boca Raton, Fr 33498
E-mail address: (to be used for future airmal report notification)
For further information concerning this matter, please call:
Dvova Weinreb at 954 274 - 7730 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\ \text{(additional copy is enclosed)}\$\ \text{(additional copy is enclosed)}\$\ \text

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 SECRETARY OF อเข้ารักอัน อัร เรื่อสีคือสีลิสาอิทธ OF 12 MAR 26 PM 3: 39 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 Florida document number <u>L</u> 120000 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) 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: New Registered Office Address:

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 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 = M MGRM =	Ianager Managing Member		
<u>Title</u>	. <u>Name</u>	Address	Type of Action
	•		Add Remove
			Add Remove
		•	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other information, enter change(s)	here: (Attach additional sheets, if necessary.)	SECRETARY OF SUDIVISION OF CORPORE 12 HAR 26 PM 3
Dated	'Dvore W	authorized representative of a member	STATE RATIONS 3: 39

Page 2 of 2

Filing Fee: \$25.00