

L1200014947

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To:

Division of Corporations
Fax Number : (850) 617-6393

From:

Account Name : VICTOR LERRO & COMPANY, P.A.
Account Number : I20040000118
Phone : (561) 995-0064
Fax Number : (561) 995-7551

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALBORZ ENTERPRISES, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

D. BRUCE

FEB 15 2012

EXAMINER

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALBORZ ENTERPRISES, 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:

VICTOR LERRO

Name of Person

LERRO & CHANDROSS PLLC

Firm/Company

50 SW 2ND AVENUE, STE 201

Address

BOCA RATON, FL 33432

City/State and Zip Code

VLERRO@VCPA.COM

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

For further information concerning this matter, please call:

VICTOR LERRO

Name of Person

at (**561**)

995-0064

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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ALBORZ ENTERPRISES, 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 01/31/2012 and assigned
Florida document number L12000014947

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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Enter Florida street address

Florida

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

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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> (Last name, First name)	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>Moghaddam, Zohreh</u>	<u>850 NW 115 AVENUE</u> <u>PLANTATION, FL 33325</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>Moghaddam, Navid</u>	<u>850 NW 115 AVENUE</u> <u>PLANTATION, FL 33325</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>Moghaddam, Max</u>	<u>850 NW 115 AVENUE</u> <u>PLANTATION, FL 33325</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>Max, Moghaddam</u>	<u>850 NW 115 AVENUE</u> <u>PLANTATION, FL 33325</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u> <u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u> <u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated FEBRUARY 9, 2012



Signature of a member or authorized representative of a member

Victor Lerro as atty-in-fact for Max Moghaddam, MGRM

Typed or printed name of signee

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Filing Fee: \$25.00

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