L120000210834

(Requestor's Name)	·· - · ·
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT N	MAIL
(Business Entity Name)	
(Document Number)	<u> </u>
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	ļ

Office Use Only



100240014211

09/26/12--01024--003 **25.00

SECRETARY OF STATE

APPROVED AND FILED

D. BRUCE

SEP 27 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpo			•			
CLID II	- CTT	2012 Ac	quisitions, LLC				
SUBJI	scr:	Name of Limi	ted Liability Company				
The en	closed Articles of Ar	mendment and fee(s) are sub	omitted for filing.				
Please	return all correspond	lence concerning this matter	to the following:				
		Ph	ilip C. Rosen, Esquire				
			Name of Person				
		Bloomgard	den, Goudreau & Rosen,	P.A.			
			Firm/Company				
		8551 V	V. Sunrise Blvd., Suite 20	8			
			Address	,			
		Fort L	auderdale, Florida 33322	2	₹		
			City/State and Zip Code		ALL SEC	12 3	
		p	crosen@lawbgr.com		28 45 45 45 45 45 45 45 45 45 45 45 45 45	ξģ	
		E-mail address: (to be used for future annual report not	ification)	SS AR	26	
For fur	ther information con	cerning this matter, please of	eail:			2 SEP 26 PH 12: 20	
	Philin	C. Rosen	at (954)	370-2222	10 10 10 10 10 10 10 10 10 10 10 10 10 1	<u>122</u>	
	Name of F			me Telephone Number	20°	20	
Enclos	ed is a check for the	following amount:					
予 \$25	5.00 Filing Fee	2\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	ced) Certificate of Status of Certificate Copy (additional copy is en			
		IG ADDRESS:	STREET/COUR Registration Sect	UER 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

2012 Acquisitions, LLC

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appear ted Liability Company)	s on our records.)	, <u>, . =</u>
The Articles of Organization for this Limited Liability Comp L12000026834 Florida document number		2/24/12	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here	g:	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on o here:	our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	F.s.	ter Florida street ad	drass
	Ln		
	City	, Florida	Zip Code
N. D. L. LA. O. C. L. L. L. D. Standard D. Standard A.	4		

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>	Name	Address	Type of Action
MGR	Keron Howe	7891 W. Flagler Street, #164 Miami, Florida 33144	ddd Remove
			ddd Remove
			ddd emove
			Add temove
			C_ddd C_lemove
<u></u>			dd emove
- - -		change(s) here: (Attach additional sheets, if necessary.)	AND FILED 12 SEP 26 PM 12: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA I I I I I
Dated	September 14	-2012 Laboure	
	Signature of a r	member or authorized representative of a member Keron Howe	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00