Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000106502 3)))



H120001065023ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I20000000019 Phone : (305)552-5973

: (305)220-1440 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CELESTINE-SERAFINE, LLC

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

APR 23 2012

Electronic Filing Mcfi porate, Eiling Menu

Help

03/02/2030 01:30

H12000106502

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

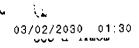
CELESTINE-SERAFINE	E, LLC			
(Name of the Limited L (A F	ability Company as it now a orida Limited Liability Comp	pocars on our records.)	20 36	
The Articles of Organization for this Limited Liab	ility Company were filed on	04/10/2012	and assigned	
Florida document numberL12000049638				
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	e limited liability compan	<u>y here</u> :		
The new name must be distinguishable and end with t "L.L.C."	be words "Limited Liability C	ompany," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET)	4DDRESS) 11420	N.KENDALL DR	STE #207	
	MIAMI	FL 33176		
Enter new mailing address, if applicable:	****			
Mailing address MAY BE A POST OFFICE BO	<u> </u>			
•				
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		on our records, enter	r the name of the new	
	11420 N.KENDALI	DR STE #207		
New Registered Office Address:	Enter Florida street address			
	IMAIM	ehirofd	33176	
-	City	P.101104 _	Zip Code	
New Revistored Avent's Signature, if changing Regi	stered Acent:			

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

Page 1 of 2

H12000106502



MGR = Manager

H12000106502

If amending the Managers or Managing Members on our records, enter the fitte, name, and address of each Manager or Managing Member being added or removed from our records:

<u>Title</u>	Name		Address	Type of Action
<u> </u>				Add Remove
	· <u>- · · · · · · · · · · · · · · · · · ·</u>	····		Add Remove
				Add Remove
<u> </u>				Add Remove
				Add Remove
				Add
D. If ame	ending any other	information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	
_				- :
-				<u> </u>
	04/19/		:012	_
		Signature of a metrong KIN CHAN	nber or suthorized representative of a member	

H12000106502

Filing Fee: \$25.00