# 112000070162

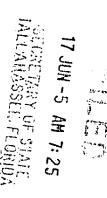
(Requestor's Na	me)
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PICK-UP WAIT	MAIL
(Business Entity	Name)
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Certified Copies Certifie	cates of Status
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# **COVER LETTER**

Div	ision of Cor	porations	,	4
SUBJECT:	AALB LLC	;		
Sebazer.	***************************************	Name of Lim	ited Liability Company	<del></del>
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Alan Sacharoff		
			Name of Person	
			Firm/Company	
	1021 N. 20th Ave			
			Address	
		Hollywood, FL 33020		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		Southernbear 1950@yahoo.c		<del></del>
			to be used for future annual report notifi	ication)
For further in	nformation co	oncerning this matter, please co	all:	
Alan Sachar	off		954 854-7555 at ( )	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
⊠ \$25.00 F	Filing Foe .	□ \$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:

TO:

Registratión Section

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 OF

AALB LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited I	Liability Company	were filed on 5/24/201 <b>2</b>	and assigned		
Florida document number L12000070162	,				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."		
Inter new principal offices address, if applicable:		1020 N. 20th Avenue			
Principal office address MUST BE A STREET ADDRESS)		Hollywood, FL 33020			
Interney mailing address if applicables		1020 N. 20th Avenue			
Enter new mailing address, if applicable:		Hollywood, FL 33020			
Mailing address MAY BE A POST OFFICE	BOA)	<u> </u>			
3. If amending the registered agent and egistered agent and/or the new registered of			nter the name of the		
Name of New Registered Agent:	Alan Sacharoff		17 V - 5		
New Registered Office Address:	1020 N. 20th A	venue  Enter Florida street address			
	Hollywood	, Florid	2000 2		
		City	Zin 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 605, 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.

f Changing Registered Agent, Signature New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Lee Spencer	6711 N. Ocean Drive #5	
		Ocean Ridge, FL 33435	■ Remove
			Change
MGRM	Bruce Spencer	241 SW 21st Terrace	
		Fort Lauderdale, FL 33312	■ Remove
			Change
		<del></del>	□ Remove
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			D Add
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If an eff <u>Note:</u>	ve date, if other than the date of filing:	ng.) Pursi	uant to 6 10t be li	605.0207 (3 isted as th
The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m 90th day after the record is filed.	n. on th	ne ear	lier of:
Dated	May 3/5+  Signature of a member or authorized representative of a member			

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Filing Fee: \$25.00