06/11/2012

Division of Cor



Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: BROWARD SOHO SERVICES INC. Account Name

Account Number : 120100000080 Phone : (954)366-3850

: (954)960-5630 Fax Number

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 **M&R ENTERPRISES OF MARGATE LLC**

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JUN 12 2012

EXAMINER

COVER LETTER

TO: Registration Se Division of Con		,		
SUBJECT:	M&R ENTERPRI	SES OF MARGATE	LLC	
SCHOLC I.		ited Liability Company		•
		ese ^p		
The enclosed Articles of	Amendment and fcc(s) are sub	•		
Please return all correspo	ondence concerning this matter	to the following:		
· · · · · · · · · · · · · · · · · · ·				
• .	***	REID M ZOLL		
,	· · · · · · · · · · · · · · · · · · ·	Name of Person	<u> </u>	-
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	. IVION ENTE	Firm/Company	IL LLO	-
	4700 11	074TE DOAD 7 01 075	- 40	
	1/99 N	STATE ROAD 7 SUITE	= 12	-
	<u> </u>	MARGATE, FL 33063 City/State and Zip Code		_
	ΤΔΥΙ	RIGHT7@YAHOO.COM	Л	
	E-mail address: (to be used for future annual report	notification)	
For further information of	concerning this matter, please o	call:		
RI	EID M ZOLL	at (941)	6854139	
Name o	of Person	Area Code & Da	ytime Telephone Number	न
	. •			
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	osed) Certifie	ate of Status &
Rogist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration Se Division of Co Clifton Buildin	orporations ng re Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&R ENTI	ERPRISES OF MARGA	TE LLC		
(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)		
± 1				
The Articles of Organization for this Limited Lia	bility Company were filed on	06/04/2012	and assigned	
Florida document numberL12000074	<u>137</u> .		,	
·				
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability company her	<u>re</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	any," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applica	ble:	· 57	<i>υ</i> _ -	
(Principal office address MUST BE A STREET				
		₹.	1 S 1!	
		SS		
Putor new mailing address if and liable.		μ. 		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u></u>	<u>ට</u> න	1 2	
•	·	<u>5</u>	=	
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, enter th	e name of the new	
Name of New Registered Agent:	REID M ZOLL			
New Registered Office Address:	1799 N STATE ROAD 7 SUITE 12			
	Enter Florida street address			
	MARGATE	, Florida	33063	
	City		Zip Code	
New Registered Agent's Signature, if changing Re	egistered Agent:			
I hereby accept the appointment as registered the pravisions of all statutes relative to the praccept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this c	oper and complete performance tered agent as provided for in C egistered office address, I hereby	of my duties, and I an hapter 608, F.S. Or, if y confirm that the limi	n familiar with and This document is ted liability	

MGR = Manager
MGRM = Managing Member

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:

Title	Name	Address	Type of Action
MGR	LACKS, MARTIN	1799 N STATE ROAD 7 SUITE 12 MARGATE, FL 33063	Add Remove
			Add Remove
			Add Remove
			Add Remove
	·		Add Remove
<u> </u>			Add Remove
_	iding any other information, enter chang	e(s) herc: (Attach additional sheets, if necessary.)	
:			
_			
Dated	JONE 117 , 20	har authorized representative of a member	
		REID M ZOLL or printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00