

L12000088887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

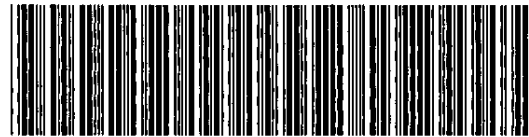
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400239127734

09/20/12--01004--011 **25.00

FILED
12 SEP 20 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan SEP 21

Sardelis and Bowles, L.L.P.

Attorneys at Law
A Partnership of Professional Associations

Catherine B. Bowles, P.A.
Board Certified Civil Trial Lawyer

Nicholas P. Sardelis, Jr., Chartered

Telephone: (941) 366-1200

Facsimile: (941) 365-6691

Personal Injury Litigation
Wrongful Death Actions
Civil Litigation
Divorce & Family Law Litigation
Criminal Defense

LETTER OF TRANSMITTAL

DATE: September 18, 2012

TO: Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Community Center "Miracle", LLC

The following is transmitted herewith: **Cover Letter**
Articles of Amendment to Articles of Organization
Check No. 3053 (\$25.00) filing fee

(X) For filing

- ☐ For signature & return
- ☐ For signature & forwarding
- ☐ For review
- ☐ For recordation
- ☐ For payment
- ☐ For your execution
- ☐ Call office to schedule appointment with Mr. Sardelis
- ☐ No reply necessary

- ☐ For your information
- ☐ Per your request
- ☐ Approved as noted below
- ☐ Disapproved
- ☐ For your files & records
- ☐ See remarks below
- ☐ Please contact office upon receipt of enclosure if any questions
- ☐ Your attendance is required
- ☐ Judge's courtesy copy

Remarks:



Patricia A. Williams
Secretary

COVER LETTER

TO: Registration Section
Division of CorporationsSUBJECT: Community Center "Miracle" 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:

NICHOLAS P. SARDELISNicholas Sardelis
Name of PersonSARDELIS and BOWLES, L.L.C.

Firm/Company

2033 Main street Ste 502
AddressSarasota, FL 34237

City/State and Zip Code

MIRACLEWORLD.FL@GMAIL.COM

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

For further information concerning this matter, please call:

Nicholas Sardelis

Name of Person

at 941 366-1200

Area Code & Daytime Telephone Number

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Community Center "Miracle" 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 07/09/2012 and assigned
Florida document number L12000088887

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)

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:

NICHOLAS P.

Nicolas Sardelis

New Registered Office Address:

2033 Main street. Ste 502

Enter Florida street address

Sarasota

Florida

34237

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.

Nicolas P. Sardelis
If Changing Registered Agent, Signature of New Registered Agent

FILED
12 SEP 20 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

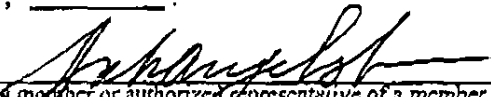
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

FILED
12 SEP 20 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _____

Signature of a member or authorized representative of a member

 MGRM Irina Arkangel'ski
 Typed or printed name of signer