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SECRULARY OF STATE
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J. SAULSBERRY EXAMINER SEP 12 2012

## **COVER LETTER**

	Division of Corpo			•		
SUBJEC	ът.	2972	W 8 AVE, LLC			
SODJEC	-X+		nited Liability Company			
Th =1			J. 14. 1 C. MT			
		mendment and fee(s) are so	_			
Please re	turn all correspond	lence concerning this matte	er to the following:	,	•	
		•				
,			JOHN S. BOHATCH			
			Name of Person		_	
	•	GUTTENMACH	ER, BOHATCH & PENAR		•	
		OUTTENMACT	Firm/Company	CANDA, F.A.	_	
		7301 S	W 57TH COURT, SUITE	760	<del></del>	
٠,			Address		ALL	2817
٠		S	OUTH MIAMI, FL 33143	,		2012 SEP
			City/State and Zip Code		- S	<u> </u>
•		. •			- 37. 37.	[
		E-mail address:	(to be used for future annual report no	otification)	$\frac{1}{2}$	<u> </u>
For further	r information con	cerning this matter, please	call;		ORI ORI	က္ကာ ်
	101111	DOLLATOLE				<b>⇔</b> <b>∼</b>
<del> </del>	JOHN S Name of Po	S. BOHATCH	at ( 305 )	666-1040 time Telephone Numi	her	
		•	1.10a 00a0 ta Day			
		•				•
Enclosed	is a check for the f	following amount:				
\$25,00	Filing Fee [	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certifi sed) Certifi	Filing Fee, cate of Status & ed Copy onal copy is end	
				. (442-11	· · · · · · · · · · · · · · · · · · ·	
		G ADDRESS:		RIER ADDRESS:		•
	Registration Division of	on Section of Corporations	Registration Sec Division of Corp			
	P.O. Box		Clifton Building 2661 Executive Tallahassee, FL	Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	2972 W 8	AVE, LLC				
(Name of the Limited	Liability Compa Florida Limited	<u>my as it now appears of</u> Liability Company)	our records.)			
The Articles of Organization for this Limited L	iability Company			and ass	igned	
This amendment is submitted to amend the following	submitted to amend the following:  ame, enter the new name of the limited liability company here:  be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation  bal offices address, if applicable:  5979 NW 151 ST, SUITE 232  MIAMI LAKES, FL 33014  FROM 151 ST, SUITE 232  MIAMI LAKES, FL 33014  MIAMI LAKES, FL 33014					
A. If amending name, enter the new name of	f the limited liab	oility company here:				
						<del>.</del>
The new name must be distinguishable and end wit "L.L.C."	h the words "Lim	ited Liability Company,	' the designation "L	LC" or the a	ıbbreviati	ion
Enter new principal offices address, if applic	able:	5979 NW 151 S	T, SUITE 232	TAI SI	20	
(Principal office address MUST BE A STREE	TADDRESS)	MIAMI LAKES, F	L 33014	L CR		- ****
	,		, ,	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	9	
				SEE		<b>1</b> ₽**-ç•
Enter new mailing address, if applicable:	,	5979 NW 151 S	F, SUITE 232	<u></u>	II.	ۇ ۋ ئىسۇ –
(Mailing address MAY BE A POST OFFICE)	BOX)	MIAMI LAKES, F	L 33014	35		`` -
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B. If amending the registered agent and/or registered agent and/or the new registered of			records, <u>enter th</u>	e name o	f the no	<u>ew</u>
None of North and Association		CESDENES ID	•			
Name of New Registered Agent:					<del></del>	•
New Registered Office Address:	5979 NW 18	51 ST, SUITE 232		•	•	-
		Enter I	lorida street addr	ess .		
·	MI	AMI LAKES	, Florida	33014		-
		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.

If Changing Registered Agent, Signiture 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

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If amending	any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	- 1A: 2
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Filing Fee: \$25.00