#1/2000/07484

(Requestor's Name)				
(Address)				
(Ad	dress)	•		
Cit	ty/State/Zip/Phone #	£)		
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PICK-UP	WAIT	MAIL .		
(Bu	siness Entity Name	9)		
(Do	cument Number)			
Certified Copies	Cortificator	of Status		
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> K.SALY EXAMINER SEP 12 2012

COVER LETTER

TO: Registration of	on Section Corporations			
SUBJECT:	957	Corsica LLC		
	Name of Lim	ited Liability Company		
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.		
Please return all cor	respondence concerning this matte	r to the following:		
		Lawrence Swan		
		Name of Person		
		Caloosehatche Tax		
		Firm/Company		
	70	09 Cape Coral Pkwy W		
		Address		
		Cape Coral FL 33914		
		City/State and Zip Code		
globaldoor@hotmail.com E-mail address: (to be used for future annual report notification)				
For further informat	tion concerning this matter, please		,	
	Lawrence swan	at (_239_)	540-2612	
N	ame of Person	Area Code & Daytim	e Telephone Number	
Enclosed is a check	for the following amount:			
\$25.00 Filing Fe	ce \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

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

FILED.
12 SEP 11
SEGNE JARY OF STATE FALLAHASSEE, FLORIDA
ecords.)

	957 Corsica LLC	AIBA	SSEE, FLORIDA
(<u>Name of the Limited</u> (A	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)	TOA
The Articles of Organization for this Limited Li	iability Company were filed on	08/21/2012	and assigned
Florida document numberL12000107	<u>7484 </u>		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability company her	<u>re</u> :	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Comp.	any," the designation "L	LC" or the abbreviatio
Enter new principal offices address, if application	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		
B. If amending the registered agent and/or the new registered of	or registered office address on office address here:	our records, enter t	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:		4 - Fl - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	
	En	ter Florida street add	ress
	City	, Florida	Zip Code
	City		zip cour

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, Signature of New Registered Agent



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

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action		
MGR	Bar Financial MM Ltd	210 SW 23rd Road Miami FL 33129	Add Remove		
MGR	Mordechay Maaravi	210 SW 23rd Road Miami FL 33129	✓ Add ☐ Remove		
			Add Remove		
			Add Remove		
			Add Remove _		
			_□Add _□Remove		
D. If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
			-		
			-		
Dated	August 6th , 2012	ers pour fe			
		authorized representative of a member			
David Herskowitz Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00

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