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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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SECRETARY OF STATE TALLAHASSEEFFLORIDA

SAULSBERRY
EXAMINER

DEC 12 2012

COVER LETTER

	ration Section on of Corporations	
SUBJECT:	2250 NOB Hill ROAD LLC	
	Name of Limited Liability Company	
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.	
Please return al	l correspondence concerning this matter to the following:	
	GENE MIRVIS	
	Name of Person	
	Firm/Company	
	2800 DAVIE ROAD	
	A 1.1	
	DAVIE, 1-1 33314	2817 SE
. •	DAVIE F 33314 City/State and Zip Code CARWASH LUBE O A-OL COM	FIL DEC 10 CRETARY LAHASSE
	E-mail address: (to be used for future annual report notification)	RY 6
For further info	rmation concerning this matter, please call:	
(e)	ENE MIRUIS at 786, 587 4026	97.55 3 0
	Name of Person Area Code & Daytime Telephone Number	
Enclosed is a cl	neck for the following amount:	
\$25.00 Filin	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	te of Status &

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

2250 H	los Hill ROAD	LLC
	Company as it now appears on imited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number	ompany were filed on	-14-2012 and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	912 1
		SSE TO
Enter new mailing address, if applicable:		THE MI
(Mailing address MAY BE A POST OFFICE BOX)		
		THE SOLUTION OF THE SOLUTION O
B. If amending the registered agent and/or regist registered agent and/or the new registered office additional actions and the new registered office additional actions are registered of the new registered agent and/or the new registered agent		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter F	lorida street address
	2.707 1	
 	City	, Florida 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 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>	Type of Action
MGRM	LANDAU, GREG	2800 Davie ROAD David, Fl 33314	AddRemove
M <u>6</u> RM	LANDAY, STEVEN	2800 Davie ROAD Davie Fl 33314	, ,
			Add
			ZHZ DEC I O AH 8: 30
			Add Remove
			Add Remove
			,,

f amending a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
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· <u></u>	
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	ALL
	Signatural of a member or authorized representative of a member
	Signature of a member or authorized representative of a member ENE MIRVIS
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

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