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Toi

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

Fax Number

: (305)634-3694 : (305)633-9696

**Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please.*

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 011012, LLC

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EMPIRE CORP KIT

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COVER LETTER

TO: Registration & Division of Co	Section orporations		والمنتفق والمنتفون المعرف
Otto en cm.	01	1012, LLC	25
SUBJECT:		ited Liability Company	
The enclosed Articles of	if Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	condence concerning this matte	r to the following:	TALLAMASSEE, FLORIDA
		Eric Isicoff, Esquire	7
		Name of Person	
lsicof		ff, Ragatz & Koenigsberg	
		Firm/Company	
	1200 !	Brickell Avenue, Suite 1900	
	,	Address	
	1	Miami, Florida 33131	
		City/State and Zip Code	
	P U Jane	isicoff@irlaw.com to be used for future annual report notifi	
For further information	concerning this matter, please of	·	(Gillion)
	ric D. Isicoff of Person		373-3232 e Telephone Number
Nunc	OI PECAGIE	Alea Code & Dayina	e Leichmonic indunter
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certificate Of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS:	STREET/COURI Registration Section	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

011	012, LLC		至二
(Name of the Limited Liability Co (A Florida Lim	impany as it now applified Liability Compan	ears on our records.)	S. F
			100 00 00 00 00 00 00 00 00 00 00 00 00
The Articles of Organization for this Limited Liability Com	pany were filed on _	October 3, 2012	and assigned
Plorida document number			AUT
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company	here;	
	012, LLC		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Cor	npany," the designation "LL	2" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	15)		<u> </u>
	<u> </u>		
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address of here:	n our records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:		· .	
	Enter Florida street address		
	Florida		
· ·	City	=	Zip Code
Many Physics and America Company of the sales Westerland A	an mai		

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

Page 1 of 2

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>	Address	Type of Action		
			Add Remove		
			Add Remove		
			Add Remove		
·			Add Remove		
			Add Remove		
			Add Remove		
D. Mamen	ding any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	-		
			- -		
	October 23, 201	2			
Dated	977	y authorized representative of a member	<u>-</u>		
		Isicoff, Manager r printed name of signee			

Page 2 of 2

Filing Fee: \$25.00