L12000161650

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer:			
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

69 Hollywood IIc

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:

Mary Khabbaz

Name of Person

69 Hollywood IIc

Firm/Company

6450 Land O' Lakes Blvd

Address

Land O' Lakes FI 34638

City/State and Zip Code

marykhabbaz@yahoo.com

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

For further information concerning this matter, please call:

Mary Khabbaz

813₃85-6656

Name of Person

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

69 Hollywood lic				
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)			
The Articles of Organization for this Limited Liability C Florida document number <u>L12000161650</u>	Company were filed on December 28, 2012 and assigned			
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 wo "L.L.C."	rds "Limited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	RESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:	stered office address on our records, enter the name of the new lress here:			
	2 11			
New Registered Office Address:	Enter Florida street address			
	Florida Si ω			
	City Code			
New Registered Agent's Signature, if changing Registere	ed 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>	Address	Type of Action
MGRM	Paul Jallo	6450 Land O' Lakes Blvd	Add
		Land O' Lakes FI 34638	Remove
			_
			Add
			Remove
			_
	 		_ Add
			Remove
			-
			Add
			Remove
			Add
			Remove
			Add
			Remove

D. If amending any other informa	ation, enter change(s) here: (Attach additional sheets, if necessary.)
Dated January 03	2013
1	OM 1
Siو Mary Khabbaz	nature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00