#L'13000009954

(Req	uestor's Name)	`
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	ne #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
		:

Office Use Only



000244072230

000244072230 01/28/13--01055--013 ***25.00

3 JAN 28 PH 3: 49

K.SALY EXAMINER JAN 3 0 2013

ATTORNEYS CORPORATION SERVICE, INC. 5668 EAST 61ST STREET COMMERCE, CA 90040

TEL: (800) 462-5487 ext.120 FAX: (800) 388-0330 EMAIL: dmayen@attorneyscorpservice.com

DOCUMENT FILING REQUEST LETTER

REGULAR FILING SERVICE

DATE: 01/24/2013

FROM: Denise Mayen

Client Matter: #L13000009954

TO: REGISTRATION SECTION

DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL 32314

ATTN: DIVISION OF CORPORATIONS

RE: Mirage Tender LLC

Enclosed is one of the following: (X) Certificate of Amendment

Return request with filing: (1) Plain Copies

Return request via following: (X) MAIL/EMAIL

Total Page(s) attached including transmittal page: (5)

Fax/Email a copy of the filed documents upon acceptance of filing

PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO: ATTORNEYS CORPORATION SERVICE, INC. 5668 E. 61st Street, COMMERCE, CA 90040

PLEASE CONFIRM UPON RECEIVED DOCUMENTS

NOTE(S):

CHECK NUMBER 672832

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Mirage Tender LLC

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:

Denise Mayen

Name of Person

Attorneys Corporation Services, Inc.

Firm/Company

5668 E. 61st St.

Address

Commerce, CA 90040

City/State and Zip Code

dmayen@attorneyscorpservice.com

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

For further information concerning this matter, please call:

Denise Mayen

Name of Person

at (800) 462-5487 ext. 120

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

12 " FILED
13 JAN 28 PM
MELANIANY OF STA

Mirage Tender LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company were filed on January	18, 2013 and assigned
Florida document number L13000009954	 ·	
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/ registered agent and/or the new registered o		cords, enter the name of the new
Name of New Registered Agent:	Jarrett Bryzek	
New Registered Office Address:		
	Enter Flor	rida street address
	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, Signature of New Registered Agent

MGR = Manager MGRM = Managing Member				
<u>Title</u>	Name	<u>Address</u>	Type of Action	
			Add	
			Remove	
		 		
			Add	
			\Box	
		<u> </u>	Remove	
		- 	Add	
			Remove	
			Kentok	
			Add	
			Remove	
		Add		
			Remove	
			Add	
			Remove	

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

. If amending a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
_{ated} Januar	y 24 2013 ₁
	Down Madu
	Signature of a member of authorized representative of a member
De	nise Mayen ///
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00