

# L 13000009954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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13 JAN 28 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JAN 30 2013

ATTORNEYS CORPORATION SERVICE, INC.  
5668 EAST 61<sup>ST</sup> STREET  
COMMERCE, CA 90040  
TEL: (800) 462-5487 ext.120 FAX: (800) 388-0330  
EMAIL: dmayen@attorneyscorpsservice.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. 61<sup>ST</sup> 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@attorneyscorpsservice.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**

FILED  
13 JAN 28 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 Liability Company were filed on January 18, 2013 and assigned Florida document number L13000009954.

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 words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: Jarrett Bryzek

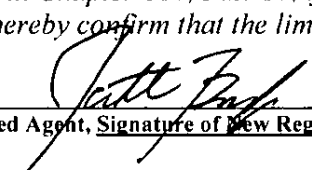
New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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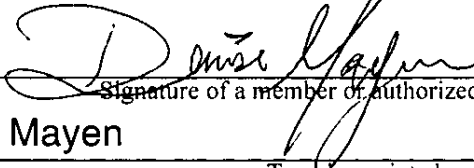
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Dated January 24, 2013



Signature of a member or authorized representative of a member

Denise Mayen

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**