

L130000 86520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300265110293

10/16/14--01011--013 **25.00

FILED
14 OCT 16 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W
10/17/14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUBDURY OVERSEAS 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:

MARC SAVDIE

Name of Person

SUBDURY OVERSEAS LLC

Firm/Company

3301 NE 1ST AVENUE, UNIT H2808

Address

MIAMI, FL 33137

City/State and Zip Code

SAVDIE@GMAIL.COM

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

For further information concerning this matter, please call:

MARC SAVDIE

Name of Person

954 496-2049

at (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**

SUBDURY OVERSEAS 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 JUNE 14 2013 and assigned Florida document number L13000086520.

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: 3301 NE 1ST AVENUE, UNIT H2808
(Principal office address MUST BE A STREET ADDRESS) MIAMI, FL 33137
US

Enter new mailing address, if applicable: 3301 NE 1ST AVENUE, UNIT H2808
(Mailing address MAY BE A POST OFFICE BOX) MIAMI, FL 33137
US

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: _____
New Registered Office Address: 3301 NE 1ST AVENUE, UNIT H2808
Enter Florida street address
MIAMI, Florida 33137
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 605, 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

FILED
14 OCT 15 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARC SAVDIE	41 SE 5TH STREET, #1512	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
		US	
MM	MARC SAVDIE	3301 NE 1ST AVENUE, UNIT H2808	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33137	<input type="checkbox"/> Remove
		US	
			<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
			<input type="checkbox"/> Remove

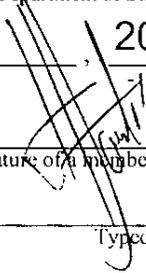
FILED
 14 OCT 16 AM 11:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 10, 2014



Signature of a member or authorized representative of a member

MARC SAVDIE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 OCT 16 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA