# #13000107816

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SEVELYARIOF STATE
FAIT ANASSEE, FLORIDA

K. SALY EXAMINER SEP 2 0 2013

# **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJE	ЕСТ:	Add	MGR	
		Name of Limit	ed Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	dence concerning this matter	to the following:	
		Tina	A Hyde Name of Person	
* '	a.		Firm/Company	110
		2609 Co	lins Av Address	
		Miani B	City/State and Zip Code	
	c		nyde Ehotmail.  by used for future annual report notificat	lom on)
For fun	ther information co	ncerning this matter, please ca		· · · · · ·
	Ting Hy Name of	Person	at (	elephone Number
Enclose	ed is a check for the	e 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

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

, ARTICLES	OF ORGANIZATION	FILE
	OF	13 SED LED
(Name of the Limited Liability	Company as it now appears on outlimited Liability Company)	13 SEP 19 PM 3: 05  SECTION AND OF STATE OF STATE OF STATE OF STATE OF STATE
The Articles of Organization for this Limited Liability Co. Florida document number		31 2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the worn "L.L.C."	ds "Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	***
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		cords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
<del>-</del>	Enter Flo	rida 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 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 Type of Action Title Name Address 2609 Collins Au MGR Tina Hyde Miami Beach Fl 33140 FI Remove Remove Remove

D. If ame	nding any other information, ente	r change(s) here: (Atta	ach additional sheets, if necessary.)
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-			<del>-</del>
			_
Dated	September 08.	2013/	
	<b>×</b>		Mercoul
	Signature of a	member or authorized re	presentative of a member
	Minardi	Carmelo	
		Typed or printed name	of signee

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Filing Fee: \$25.00