## L13000138327

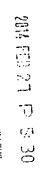
(Re	equestor's Name)	
. (Ad	ldress)	
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B. GOSTICK

FEB 28 2014

**EXAMINER** 

## **COVER LETTER**

TO: Registration Sec Division of Corp			
420 C	WELT-2007 L	LC.	
SUBJECT:		ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	HANH DINH	l	
		Name of Person	<del></del>
	LAZANH HO	DLDINGS LLC	
		Firm/Company	······
	7491 NFEDE	ERAL HWY SUIT	E 5-282
		Address	
	BOCA RAT	ON FL 33487	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please c		2 2
HANH DIN	Н	<sub>at</sub> 786 <sub>)</sub> 270-19	981 (18 to 1
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

420 CWELT-2007 LLC						
(Name of the Limit	ed Liability Compan (A Florida Limited Li	y as it now appears on our re- ability Company)	ords.)			
The Articles of Organization for this Limited Li Florida document number  L1300038327  This amendment is submitted to amend the following the submitted to amend the submitted to amend the following the submitted to amend the submitted t		were filed on <u>10/01/201</u>	3	an	d assign	ned
A. If amending name, enter the new name of	the limited liabil	lity company here:				
The new name must be distinguishable and end with the	words "Limited Liabi	lity Company," the designation	"LLC" or t	he abbreviat	ion "L.L	C."
Enter new principal offices address, if applic	able:	7491 N FEDERAL I	HWY SU	JITE 5-2	282	
(Principal office address MUST BE A STREET ADDRESS)		BOCA RATON FL 33487				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/registered agent and/or the new registered of	or registered of		33487			the new
Name of New Registered Agent:	LAZANH H	OLDINGS LLC				C C
New Registered Office Address:	199 E FLAC	199 E FLAGLER STREET 1460			(ب) لــ.	i des
New Registered Office Address.		Enter Florida street ac	dress		-TO	
	MIAMI	•	, Florida	33131	က္သ	E and
		City	, •	- Zip	Code	
New Registered Agent's Signature, if changing l	Registered Agent:			<u> </u>		
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the	er and complete stered agent as p	performance of my dutie provided for in Chapter 6	s, and I a 05, F.S. (	m familio Or, if this	ir with docum	and ient is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

<u>`itle</u>	<u>Name</u>	Address	Type of Action
MGRM	DNF FINANCIAL LLC	7200 W CAMINO REAL SUITE 5-2	282 □ Add
		BOCA RATON FL 33487	■ Remove
_ <del></del>			Add
,			Remove
	·		Add
		<u>.</u>	☐ Remove
			1:0 ≥3 
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			☐ Remove
		<u></u> .	<del></del>
			Add
			□ Remove

). If amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
<del> </del>	
	chan the date of filing (optional) cific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the by the Florida Department of State)
Dated 2/24	2014
	Think W
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  Out on be half of DNE finance  Typed or printed name of signee
	Typed or printed name of signee
	C

Page 3 of 3

Filing Fee: \$25.00