# 113000174488

(Red	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300261810623

06/30/14--01020--010 \*\*25.00

14 JUL -I PH 3: 07

JUL - 2 2014

# COVER LETTER

TO:

Registration Section

Division of Corporations

1332 Pompano LLC

SUBJECT:

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:

Joseph P. Mullen

Name of Person

Mullen & Bizzarro, P.A.

Firm/Company

2929 E. Commericial Blvd, PH-C

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

jpmullen@mullenbizzarro.com

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

For further information concerning this matter, please call:

# Maria Castro

<sub>at</sub> 954 772-9100

Name of Person

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



1332 Pompano 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 12/18/13	and assigned
Florida document number L13000174488		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3025 North Atlantic Blvd	
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33308	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3025 North Atlantic Blvd Fort Lauderdale,FL 33308	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:		ter the name of the new
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
N. B. C. L. A. G. C. L. A. G. C.	\(\frac{1}{2}\)	Lip 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

If amending a Authorized N	the Managers or Authorized Member <u>Aember being added or remoyed from</u>	on our records, enter the title, name, and address our records:	of each Manager or
MGR = Ma AMBR = Au	nager thorized Member		
Title '	<u>Name</u>	Address	Type of Action
AMRR	Kenneth Fisher	3025 North Atlantic Blv	d_ <sub>■ Add</sub>
		Fort Lauderdale, FL 3330	Remove
mgrm	Shortstream Exchange Co, a California LLC	909 East Green Street	□ Add
		Pasadena, CA 91106	■ Remove
			□ Remove
			Add
			□ Remove
<del></del>			Add
			□ Remove
			□ Add
			_□ Remove

ective date must be specific, cannot be prior to date of rec	
fective date must be specific, cannot be prior to date of recute this document is filed by the Florida Department of Sta	ceipt or filed date and cannot be more than 90 days after te)
Jose	seipt or filed date and cannot be more than 90 days after te)  114  Ah P. Mullen EAquire
fective date must be specific, cannot be prior to date of recte this document is filed by the Florida Department of Sta  June 27, 20  Signature of a member	ceipt or filed date and cannot be more than 90 days after te)

Page 3 of 3

Filing Fee: \$25.00