

**L14000069487**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000106231 3)))



H14000106231 3AUCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : HINSHAW & CULBERTSON LLP  
Account Number : I20130000017  
Phone : (954) 375-1155  
Fax Number : (954) 467-1024

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SAMPLE OFFICE, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

RECEIVED

14 MAY -2 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
14 MAY -2 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **SAMPLE OFFICE, 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:

**Ross H. Manella, Esq.**

Name of Person

**Hinshaw & Culbertson LLP**

Firm/Company

**One East Broward Blvd., Ste 1010**

Address

**Ft. Lauderdale, FL 33301**

City/State and Zip Code

**rmanella@hinshawlaw.com**

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

For further information concerning this matter, please call:

**Ross H. Manella, Esq.**

Name of Person

at **(954) 375-1138**

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  
Chilton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SAMPLE OFFICE, 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 04/29/2014 and assigned  
Florida document number L14000069487.

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)

H. 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:

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 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

14 MAY -2 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

| Title | Name                           | Address                   | Type of Action                             |
|-------|--------------------------------|---------------------------|--------------------------------------------|
| AMBR  | Amos Sochaczewski              | 7575 Trans Canada Hwy.    | <input type="checkbox"/> Add               |
|       |                                | Suite 550                 | <input checked="" type="checkbox"/> Remove |
|       |                                | St. Laurent, QC H4T1V6 CA |                                            |
| AMBR  | Michael Sochaczewski           | 7575 Trans Canada Hwy.    | <input type="checkbox"/> Add               |
|       |                                | Suite 550                 | <input checked="" type="checkbox"/> Remove |
|       |                                | St. Laurent, QC H4T1V6 CA |                                            |
| AMBR  | M.C. Seaview Investments, Inc. | One E. Broward Blvd.      | <input checked="" type="checkbox"/> Add    |
|       |                                | Suite 1010                | <input type="checkbox"/> Remove            |
|       |                                | Ft. Lauderdale, FL 33301  |                                            |
|       |                                |                           | <input type="checkbox"/> Add               |
|       |                                |                           | <input type="checkbox"/> Remove            |
|       |                                |                           | <input type="checkbox"/> Add               |
|       |                                |                           | <input type="checkbox"/> Remove            |
|       |                                |                           | <input type="checkbox"/> Add               |
|       |                                |                           | <input type="checkbox"/> Remove            |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 MAY -2 PM 1:19

FILED

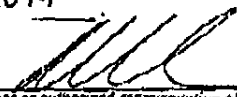
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

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 May 2 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Ross H. Manella, Esq., Attorney/Authorized representative of a member  
\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

FILED  
14 MAY -2 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA