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J. SAULSBERRY EXAMINER

nFr 1 1 2012

COVER LETTER

TO: Registration S Division of Co						
SUBJECT:	Comeron Co	nited Liability Company		-		
The enclosed Articles o	f Amendment and fee(s) are so	ubmitted for filing.				
Please return all corresp	ondence concerning this matte	er to the following:				
		GASTON BELEN				
		Name of Person				
	G	GFB TAX SERVICE LLC				
		Firm/Company				
	52	5210 SW 201st TERRACE			2112	
		Address			DEC -7	لَلَّـ
	SOUTH	SOUTHWEST RANCHES, FL 33332				
	City/State and Zip Code			- 72	7	П
	GASTONB	GASTONBELEN@GFBTAXSERVICE.COM				
	E-mail address:	(to be used for future annual repo	rt notification)		AM 9- 20	
For further information	concerning this matter, please	call:				
GA	STON BELEN	at (754)	246-6160			
Name	of Person		Daytime Telephone Numb	ber		
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 en	Certifi closed) Certifi	Filing Fee, cate of Stated Copy onal copy	atus &	osed)

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

anneron Cou	A LLC.			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on ou Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Compan Florida document number <u>LO500030967</u> .	y were filed on <u>03</u> 30	O /2005 and assigned		
This amendment is submitted to amend the following:		SSEA -J		
A. If amending name, enter the new name of the limited lia	bility company here:	of STATE		
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the	designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	50105W 201	onches, 71 33332		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	52105W 20 Douthwest R	onst Terrace anchos, 71 33332		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		ords, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Enter Flor	rida straat addrass		
	Enter Florida street address			
	City	, Florida 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 **Title** <u>Name</u> <u>Address</u> Type of Action Blooksley, Enrique Remove ☐ Add Remove Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary Signature of a member or authorized repr esentarive of a member **GASTON BELEN** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00