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OB FEB 22 PM 2: 35

J. BRYAN

FEB 2 5 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: EXPANDIA UENTURES, 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:
JULIAN MELLICOVSKY (Name of Person)
EXPAUSIA UENTORES LLC (Firm/Company)
B775 COSTA VERDE BLUD PPT 417 (Address)
City/State and Zip Code)  (City/State and Zip Code)  (City/State and Zip Code)
- 10
Tor further information concerning this matter, please call:    JULIAN MELLICOVSKY   at (305) 299-8159   37   37   37   37   37   37   37   3
(Name of Person)  at (305) 299-8159  (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 & Certificate of Status & 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**

(A)	Liability Company as it now appea Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	ability Company were filed on 🛌	upust 3, 2005 and assigned
Florida document number <u>LOS 0000759</u>	193	OB FF
This amendment is submitted to amend the follo	wing:	OB FEB 22 PY
	the limited liability company has	70.
A. If amending name, enter the new name of	the minited hability company her	
A. If amending name, enter the new name of  ATKLA  The new name must be distinguishable and end with "L.L.C."		
The new name must be distinguishable and end with "L.L.C."  B. If amending the registered agent and/or	the words "Limited Liability Compa r registered office address on	any," the designation "LLC" or the abbreviation
ATKIA, LLC The new name must be distinguishable and end with	the words "Limited Liability Compa r registered office address on	any," the designation "LLC" or the abbreviation
The new name must be distinguishable and end with "L.L.C."  B. If amending the registered agent and/or registered agent and/or the new registered off  Name of New Registered Agent:	the words "Limited Liability Compa r registered office address on	any," the designation "LLC" or the abbreviation
The new name must be distinguishable and end with "L.L.C."  B. If amending the registered agent and/or registered agent and/or the new registered off	the words "Limited Liability Compa r registered office address on o ice address here:	any," the designation "LLC" or the abbreviation
The new name must be distinguishable and end with "L.L.C."  B. If amending the registered agent and/or registered agent and/or the new registered off  Name of New Registered Agent:	the words "Limited Liability Compa r registered office address on o ice address here:	any," the designation "LLC" or the abbreviation our records, enter the name of the ne

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 Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manage or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title Title **Address Type of Action** <u>Name</u> ☐ Add Remove Remove  $\square$ Add Remove □Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 5003 Signature of a member or authorized representative of a member Typed or printed name of signee

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