## L08000097068

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	Address)	
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(1	City/State/Zip/Phone	: #)
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(	Document Number)	
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## **COVER LETTER**

	ation Section of Corporations		
SUBJECT:	CISNEF	OS & NINI TOWING LLC	
_	(Name of Li	mited Liability Company)	
The enclosed Arti	icles of Amendment and fee(s) are s	ubmitted for filing.	
Please return all o	correspondence concerning this matt	er to the following:	
		LUIS CISNEROS	
		(Name of Person)	
	CIS	NEROS & NINI TOWING LLC	
		(Firm/Company)	
		1851 W LANDSTREET RD	ZIMOCT 20 PH 3: 15 SECRETARY OF STATE TALLAHASSEE, FLORID
(Address)		·	OCT 20 PM CRETARY OF CAHASSEE, F
	•		ARY SSI
		ORLANDO, FL 32809 (City/State and Zip Code)	변유 교
		(Only/blate and Exp Code)	STS 3:
For further inform	nation concerning this matter, please	e call:	ARIDA RIDA
	LUIS CISNEROS	at ( 407 ) 744-85 82	
	(Name of Person)	(Area Code & Daytime 1	Celephone Number)
Enclosed is a che	ck for the following amount:		
☑ \$25.00 Filing	Fee \$\Bigsiz\$\$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:	STREET/COURIER	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CISNEROS & NIN			
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appear ted Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L08000097068</u> .	oany were filed on	10/14/2008	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>re</u> :	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compa	any," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			Ps B
(Principal office address MUST BE A STREET ADDRESS	<u></u>		- C
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			TARY OF STATE ASSEE, FLORIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:		, , , , , , , , , , , , , , , , , , , ,	
New Registered Office Address:	/E.	nter Florida street a	addrage)
	(E		auress)
	(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 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 Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title Title Type of Action <u>Name</u> **Address** MGRM ANIUSKA GONZALEZ **₽** Add 1851 W LANDSTREET RD Remove APT. D-2246 ORLANDO, FL 32809 \_ Add Add Remove ☐ Add Remove ☐ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00