# L09000027688

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2011 APR 24 AM BY GO

C. LEWIS

APR 2 2 2011

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Wolfgang Groeger  Name of Person  I MEXYULLC  Firm/Company
I MEX4U LLC Firm/Company
30 TADS Trail
Old Smar, FL 34677  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Barbara A. Read SA at (727) 736-124 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$\$ 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
Tallahassec, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2011 APR 24 AM M: 40

			SALL MILLY SEAT. LANG SEAT. SALE.
I MAX 44 LL	, C .		SECRETARY OF STATE
Name of the Limited Liability Compa (A Florida Limited L	ny as it now app	ears on our r	etaide AHASSEE, FLORIDA
(*************************************	sidomity Compan,	3)	
The Articles of Organization for this Limited Liability Company	were filed on _		and assigned
Florida document number L 0 90000 27688			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company l	<u>here</u> :	
The new name must be distinguishable and end with the words "Limit			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Cor	npany," the do	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		JIA	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	/	NIA	
(Mailing address MAY BE A POST OFFICE BOX)	-	·	
	·····		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		n our recor	rds, enter the name of the new
Name of New Registered Agent:	NIA		
Navy Registered Office Address.	-11Δ		
New Registered Office Address:	_ <i> </i>	Enter Florid	la street address
			Florida
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>		
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp			
accept the obligations of my position as registered agent as	provided for in	Chapter 60	8, F.S. Or, if this document is
being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e address, I her	eby confirm	that the limited liability

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>Address</u> Type of Action Name ☐ Add ☐ Remove Remove ☐ Add Remove \_\_\_Add \_\_\_\_Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated April Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00