

L11000044414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

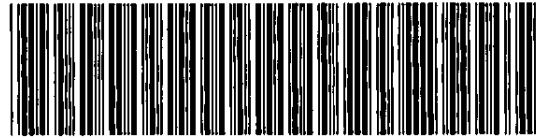
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800249249978

07/01/13--01016--012 **25.00

SECRETARY OF STATE
WILLIAM ROBERT PERDUE

2013 JUL -1 PM 12:56

FILED

JUL - 2 2013
T CLINE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1916 S CONWAY RD #2 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:

ANA E DIAZ
Name of Person
1916 S CONWAY RD #2 LLC
Firm/Company
9368 JASMINE FLOWER LN
Address
ORLANDO FL 32832
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA E DIAZ at **407 953-0331**
Name of Person Area Code & Daytime Telephone Number

FILED
2013 JUL -1 PM 12:56
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

1916 S CONWAY RD #2 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 04/14/2011 and assigned Florida document number L11000044414.

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)

9368 JASMINE FLOWER LN
ORLANDO FL 32832

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

9368 JASMINE FLOWER LN
ORLANDO FL 32832

B. 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: ANA E DIAZ

New Registered Office Address: 9368 JASMINE FLOWER LN
Enter Florida street address

ORLANDO, Florida 32832
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 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.


ANA E DIAZ
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:

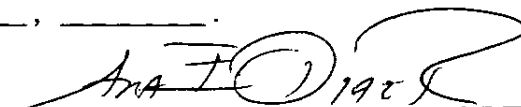
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	EDUARDO DIAZ	9612 PICADILLY SKYWAY	<input type="checkbox"/> Add
		ORLANDO FL 32827	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

RECEIVED
2010 JUL - 1 PM 2:56
SECURITY PROPERTY CONTROL
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

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

Dated _____,



Signature of a member or authorized representative of a member

ANA E. DIAZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2019 JUL - 1 PM 12: 56
SECRETARY OF STATE
TALLAHASSEE, FL 32399

FILED