

L11000078609

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 NOV 26 PM 4: 16

FILED

B. BOSTICK
NOV 27 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2956 LUCAYAN HARBOUR CIRCLE 104, 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:

CAROLINE LARSON

Name of Person

LARSON ACCOUNTING & CONSULTING SERVICES LLC

Firm/Company

8615 COMMODITY CIRCLE SUITE 06

Address

ORLANDO, FL 32819

City/State and Zip Code

finances@larsonacc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wesley Carvalho

Name of Person

407 3703686

at ()

Area Code & Daytime Telephone Number

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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

2956 LUCAYAN HARBOUR CIRCLE 104, 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 07/08/2011 and assigned
Florida document number L11000078609.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

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.

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	Ronaldo Montenegro	149 EASTPARK DR CELEBRATION, FL 34747	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Tatiana T Montenegro	149 Eastpark Dr. Celebration, FL 34747	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Asdrubal Montenegro Neto	2956 Lucayan Harbour Circle ¹⁰⁴ KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Margareth Regina Gomes Neves Montenegro	2956 Lucayan Harbour Circle #104 KISSIMMEE FL 34746	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

N/A

SECRETARY OF PUBLIC AFFAIRS, FLORIDA

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Dated _____

Signature of a member or authorized representative of a member

RONALDO MONTENEGRO

Typed or printed name of signee