

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : LAW OFFICE OF TIMOTHY C. SCHULER

Account Number : 119990000239

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PARABELLA LLC

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B. BOSTICK

JUL 2 4 2012

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EXAMINER

COVER LETTER

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	istration Section ision of Corporations						
SUBJECT:	Parabella LLC Name of Limited Liability Company						
	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:						
	Timothy C. Schuler						
	Name of Person						
	Law Office of Timothy C. Schuler						
	Firm/Company						
	Address						
	Seminole, FL 33772	E 2					
	City/State and Zip Code						
	E-mail address: (to be used for future annual report notification)	ASS B					
For further in	formation concerning this matter, please call:	Carlo de					
	Timothy C. Schuler _{at (} 727) 398-0011	PH 8:					
	Timothy C. Schuler at (727) 398-0011 Name of Person Area Code & Daytime Telephone Number	35 NA 25					
Englosed is a	check for the following amount:						
S25.00 Fil		n - Va					
		e of Status &					
	(additions	al 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Parabel				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL12000057003	were filed on	April 27, 2012	and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company her	<u>'e</u> :		
		:	5 c	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compa			breviation
Enter new principal offices address, if applicable:			52 12	[: + (2)+
(Principal office address MUST BE A STREET ADDRESS)			77	141
Enter new mailing address, if applicable:			H 8: 35	11
(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 here		our records, <u>enter</u>	the name of	the new
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Florida street address			
****	City	,,,,,,,,,,,	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	lete performance : provided for in Ch	of my duties, and I apter 608, F.S. Or,	am familiar w if this docum	ith and ent is

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If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

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:

IVICTICITI	- Managing Mentinei					
<u>Title</u>	Name	Address	Type of Action			
<u>√MGRN</u>	A Leonor Carvajal	5300 East Bay Drive Clearwater, EL 33764	Add Remove			
✓ <u>MGRN</u>	Juan E. Carvajal	5300 East Bay Drive Clearwater, FL 33764	Add Remove			
✓ <u>MGRM</u>	1 Cruz Carvajal	5300 East Bay Drive Clearwater FL 33764	☐ Add ☑ Remove			
<u>MGRM</u>	Dr. Sergio Carvajal DVM P	5300 East Bay Drive Clearwater, FL 33764	Add Remove			
MGRM	Dr. Sergio Carvajal DVM	5300 East Bay Drive Clearwater, FL 33764	✓ AddRemove			
			Add Remove			
D. If an	nending any other information, enter change	(s) here: (Auach additional sheets, if neces	isary.)			
	The Members of the Company are as	follows:				
	Dr. Sergio Carvajal DVM					
	Lanca Carriel		[[.			
			TANK AND TO			
	Cruz Carvajal		Side Control			
Dated	July 33 , 201		PH 6:35			
		or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·			
Timothy C. Schuler, Attorney Typed or printed name of signee						

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Filing Fee: \$25.00