

L14000090868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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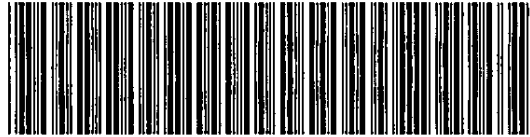
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2015 SEP 21 PM 4: 53

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# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 3050 RISING MIST CT 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:

MICHAEL ALCOGER  
Name of Person  
3050 RISING MIST CT LLC  
Firm/Company  
3050 RISING MIST CT  
Address  
KISSIMMEE FL 34744  
City/State and Zip Code  
MICHAELALCOGER@MAIL.RU  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYDIA ROA  
Name of Person  
at (407) 3293838  
Area Code Daytime Telephone Number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 10, 2015

MICHAEL ALCOGER  
3050 RISING MIST CT  
KISSIMMEE, FL 34744

SUBJECT: 3050 RISING MIST CT LLC  
Ref. Number: L14000090868

RECEIVED  
15 SEP 21 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for 3050 RISING MIST CT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page (3) with signature. I am enclosing page (3) only.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 815A00019133

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2015 SEP 21 PM 4: 53  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

3050 RISING MIST CT 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 JUNE 5, 2014 and assigned  
Florida document number L14000090868.

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 contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: LYDIA ROA

New Registered Office Address: 3050 RISING MIST CT  
*Enter Florida street address*

KISSIMMEE, Florida 34744  
*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 605, 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.*

  
Lydia Roa  
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>          | <u>Address</u>      | <u>Type of Action</u>                      |
|--------------|----------------------|---------------------|--|
| MGR          | MICHAEL ALCO CER ROA | 3050 RISING MIST CT | <input type="checkbox"/> Add               |
|              |                      | KISSIMMEE FL 34744  | <input checked="" type="checkbox"/> Remove |
|              |                      |                     | <input type="checkbox"/> Change            |
| MGR          | LYDIA ROA            | 3050 RISING MIST CT | <input checked="" type="checkbox"/> Add    |
|              |                      | KISSIMMEE FL 34744  | <input type="checkbox"/> Remove            |
|              |                      |                     | <input type="checkbox"/> Change            |
|              |                      |                     | <input type="checkbox"/> Add               |
|              |                      |                     | <input type="checkbox"/> Remove            |
|              |                      |                     | <input type="checkbox"/> Change            |
|              |                      |                     | <input type="checkbox"/> Add               |
|              |                      |                     | <input type="checkbox"/> Remove            |
|              |                      |                     | <input type="checkbox"/> Change            |
|              |                      |                     | <input type="checkbox"/> Add               |
|              |                      |                     | <input type="checkbox"/> Remove            |
|              |                      |                     | <input type="checkbox"/> Change            |

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

Multiple horizontal lines for amending information.

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 17 September, 2015.

Lydia Roa Rivera  
Signature of a member or authorized representative of a member

Lydia Roa Rivera  
Typed or printed name of signee