## 110000031268

(Requestor's Name)				
(Address)				
(Ac	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



300176771023

04/22/10--01006--013 \*\*25.00

FILED

10 APR 22 PH 3: 21

SECRETARY OF STATE
MANASSEE, FLORIDA

S. HAWKES

APR 2 3 2010

EXAMINER

## **COVER LETTER**

Division of Corporations				
SUBJECT: L 8	L SOUTHERN GROUI	P. LLC		
SUBJECT:		ed Liability Company		
The analoged Articles o	f Amendment and fee(s) are sub	mitted for filing		
Please return all corresp	ondence concerning this matter	to the following:		
	CARLOS A. M	MACCHI		
		Name of Person		
	WEALTH PROJ	JECTS COMPANY		
		Firm/Company		
	P .O. Box 1	161976		
		Address		
	MIAMI, FĻ 3	33116-1976		
	macchiins@b	City/State and Zip Code		
	_	o be used for future annual report notification)		
For further information	concerning this matter, please ca			
Car	los A. Macchi	at ( 786 ) 326-2157		
Name	of Person	Area Code & Daytime Telephone Number FAX: (305) 252-2045		
		1.m : (303) 232-2043		
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee     ∴	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)		
Regis Divis	LING ADDRESS: stration Section ion of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations		
	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L & L Southern Group, LLC

	ity Company as it now appears on our a Limited Liability Company)	records.)
(A Florida	a Limited Liability Company)	<b>&gt;</b> -
The Articles of Organization for this Limited Liability Florida document number L1000031268	Company were filed on 03/22/2	2010 and assessed
This amendment is submitted to amend the following:		TO SEE TO SEE
A. If amending name, enter the new name of the lin	mited liability company here:	A STATE OF THE STA
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
		<del></del>
Enter new mailing address, if applicable:		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
• • • • • • • • • • • • • • • • • • • •		
(Mailing address MAY BE A POST OFFICE BOX)		
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or reg	istered office address on our reco	
(Mailing address MAY BE A POST OFFICE BOX)	istered office address on our reco	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	istered office address on our reco	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	istered office address on our reco	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	istered office address on our reco ldress here:	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	istered office address on our reco ldress here: Enter Flori	ords, <u>enter the name of the ne</u>

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	DANIEL J. MACHUCA	840 MICHIGAN AVE Apt # 1 MIAMI BEACH, FL 33139	Add Remove
<del></del>			Add Remove
			Premove
			Add Remove
			Add Remove
<del></del>			Add Remove
D. If ame	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
-			<del></del>
			<del></del>
Dated	1 Loudio hamilal	er or authorized representative of a member	
	LEANDRO L.		
		d or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00