L10000017488

(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:					
A. LUNT					
JUN -2 2010					
1					
EXAMINER					





700181316757

05/27/10--01019--005 **30.00



COVER LETTER

	stration So ion of Co	ection rporations				
SUBJECT: _	Pr	Mame of Li	Removal LLC mited Liability Company			
The enclosed A	Articles of	Amendment and fee(s) are s	submitted for filing.			
Please return a	all correspo	ondence concerning this mat	ter to the following:			
		Ma	tia M. Caldas - Lopes Name of Person	<u></u>		
		Má	lde In Brazil Insurar	nce	2010 551	
		3800 Fow	ar Street Sta 5	<u>)</u>	2010 MAY 27 SEOMETARY MLLIAHASSEI	
		fort Mi	City/State and Zip Code 1 Services a hotmail 1: (to be used for future annual report notifice	. (Om	AH IO: 55 OF STATE E. FLORIDA	
For further info	ormation c	concerning this matter, pleas	•	uion)		
Mana	Name o	Caldas - Lopes	at (239)931-6070 Area Code & Daytime	Telephone Number		
Enclosed is a c	check for the	he folloying amount:				
\$25.00 Fili	ng Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	ed)

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

· ·	
(Name of the Limited Liability Companion (A Florida Liabilit	ability Company)
The Articles of Organization for this Limited Liability Company	were filed on 02/10/10 22 and assigned 1
Florida document number 100000 17488.	vere filed on 02/110/110 garand assigned and assigned assigned and assigned assig
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
N/A	
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2366 E. Mall Drive Apt. #205
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, FL 33901
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2366 E. Mall Drive Apt. # 201 Fort Myers, Florida 33901 US
B. If amending the registered agent and/or registered offi 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
	4. 1A
	City , Florida // // 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>	Name	Address	Type of Action			
MGRM	Marcelo Lang	7961 Gladiolus Drive Ap Ft. Myers, Florida 3391	# 302 Add			
			Add Remove			
			Add Bemove			
			Remove			
		G G G E E F	<u> </u>			
			AddRemove			
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary	 : <i>)</i>			
_						
Dated	05/20/20100/20	<u>2010</u> .				
	Signature of a then	nber or authorized representative of a member (MBR)	<u></u>			
	Ty	ped or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00