# LO1000101032

(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:

Office Use Only



000249828290

07/22/13--01022--025 \*\*25.00

2013 JUL 22 PM 1: 22
SECRETARY OF STATE
ASECRETARY SEE, FLORIDA

JUL 23 2013

# **COVER LETTER**

Division of Corporations			
	DEDOKHOVEN, LU Liability Company	2	
The enclosed Articles of Amendment and fee(s) are submitted	ted for filing.		
Please return all correspondence concerning this matter to t	he following:		
Vaneza Suoru	Name of Person	<del></del>	
The Aston C	Disconice Firm Company		
2001 S. Baye	hoe De., Suite	1800	
Hiomi, FL	23133 ity/State and Zip Code		
Vonces @ Ost E-mail address: (to be	used for future annual report notification	<u>w</u>	
For further information concerning this matter, please call:	at (	AN SECRETARY ALLAHASS	£ į
Name of Person	Area Code & Daytille Felej.		
Enclosed is a check for the following amount:  \$\D\$\\$\$ \\$25.00 \text{ Filing Fee}  \Begin{array}{c} \Psi \ 30.00 \text{ Filing Fee & Certificate of Status} \end{array}\$	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

TO:

**Registration Section** 

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 Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C Florida document number 47000101032		OCE 3,200 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company here:		
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company," t	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		SE SE	
(Principal office address MUST BE A STREET ADDR	XESS)		
Enter new mailing address, if applicable:		TARY OF S	
(Mailing address MAY BE A POST OFFICE BOX)		TALE ORNED	
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	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>	Type of Action
MGR	Actor Property.	2001 8 Bayonau De Stel	Add
	TO TO THE PARTY OF	Miomi, FL 33133.	Remove
Har	Actor Permentia	20016. Bayonou De	— Add
<u>FIGUL</u>	Actor Penprety. Honogenent, Inc.	Suite 1800	Remove
		Hiomi, FL 33133.	
			Add
			SECRE 1
		  	JUL 22 PAGE 18:50 PER 18:5
		i d	F S C C Remove
		<del></del>	_
			Add
			Remove
			_ ┌┐
			Add

). If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	July 16 2013.
	Signature a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2813 JUL 22 PM 1: 22 SEURETARY OF STATE