101000010861

(Requestor's Name)				
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(City/State/Zip/Phone #)				
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SECRETARY OF STATE
TALLAHASSFE FINALE

D. BRUCE

FEB 17 2009

EXAMINER

COVER LETTER

Division of Cor	porations	•			
SUBJECT:	TU	RLI BUSINESS, LLC			
		ted Liability Company)		•	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	MARIA ROSA	KOROLYZEN			
		(Name of Person)	<u> </u>	,	
•	τυ	RLI BUSINESS, LLC			
		(Firm/Company)			
•	2604 SAWGRASS MIL	LS, BLDG. 4, #1105			
	<u> </u>	(Address)		ASE OS	
	SUNRISE, FL. 33323			CRETA	euza.
		(City/State and Zip Code)		16 TARY ASSE	
For further information c	concerning this matter, please c	all:		PHIZ: OF STA E. FLOR	
MARIA ROSA KORO	LYSEN	at (954) 680-6566	•	20 RIDA	
(Name	of Person)	(Area Code & Daytime T	'elephone Number)	-	
Enclosed is a check for the	he following amount:				
2 \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	sed)

MAILING ADDRESS:

TO: '

Registration Section

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

. TUR	LI BUSINESS, LLC			
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	<u> </u>		
The Articles of Organization for this Limited Liability Con	mpany were filed on07/02/2001	and assigned		
Florida document number L01000010861				
This amendment is submitted to amend the following:		·		
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the designation	n "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	ESS)	71		
		£ 8		
Enter new mailing address, if applicable:	•	B I		
• • • •		m o		
(Mailing address MAY BE A POST OFFICE BOX)				
		1 S 1 S 1		
•		20		
B. If amending the registered agent and/or register		er the name of the new		
registered agent and/or the new registered office addre	ess here:			
Name of New Registered Agent:				
New Registered Office Address:	·			
	(Enter Florida street	(Enter Florida street address)		
	, Florida			
	(City)	(Zin 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>	Address	Type of Action				
MGR	NELA CHAVEZ	2604 SAWGRASS MILLS, BLDG. 4	Add				
		#1105 SUNRISE. FL. 33323	Remove				
MGR	MARIA ROSA KOROLYZEN	2604 SAWGRASS MILLS, BLDG. 4 #1105 SUNRISE. FL. 33323	Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
D. If a	mending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessor	ary.)				
			O9 FEB I				
Dated _	FEBRUARY, 11 , 200	09 / 9	LED 6 PHIZ: 20 SEE, FLORIDE				
· -		iber or authorized representative of a member	•				
		RESIDENT & NELA CHAVEZ VICE PRESIDEN ped or printed name of signee	<u>IT</u>				
Page 2 of 2							
	1	1 #80 # 01 #					

Filing Fee: \$25.00