## L0300008862

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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08 DEC -5 AH II: 35 SECRETARY OF STATE TALLANASSEE FI ORINA

D. BRUCE

DEC -8 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporation		• ,	
SUBJECT:		Yel, LLC nited Liability Company)	
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
		(Name of Person)	
	Senul		
	193∞ S.	OCEAN DRUVE #190 (Address)	4
	gonahall	LE BEACH, TZ. 33009 (City/State and Zip Code)	OB DEC SECRETA TALLAHA
For further information con	cerning this matter, please c	eall:	FILED CC -5 // TANY OF ST INSSEE, FLO
	ROMEWU Person)	at (984) 562 0911 (Area Code & Daytime To	elephone 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SERVICE PETE	OL, LLC
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $03/12/2003$ and assigned
Florida document number <u>L0300008862</u> .	OB SECU TALL
This amendment is submitted to amend the following:	FIL METARY MIASSE
A. If amending name, enter the new name of the limited liab	billity company here:
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1830 S. OCEDNOWIE #1904
(Principal office address MUST BE A STREET ADDRESS)	Unilamare Beach, 12 33009.
Enter new mailing address, if applicable:	1830 S. OCEAN DRIVE \$ 1904
(Mailing address MAY BE A POST OFFICE BOX)	LONDOUE BEDON, FC 33009.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	JOSE WIS ROMERO 30 S. OCEN DRIVE #1904
New Registered Office Address:	(Enter Florida street address)
<u>Lacional</u>	2 DUE, Florida 33609. (City) (Zip Code)
New Registered Agent's Signature if changing Registered Agent	(=-9)

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 = M MGRM =	anager Managing Member	•	
<u>Title</u>	Name	Address	Type of Action
<u>P</u>	Saulo Bar	MEND 6187 NW 167 STREET #-36 MIAMILY FL 33015	☐ Add ☐ Remove
<u>P</u>	JOSE WIS TO	PONTENU 1830 S. OLEDN DRU # 1904 Holloworue Beach, TC.	Add Remove
			Add Remove
		<u> </u>	Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other informati	ion, enter change(s) here: (Attach additional sheets, ij	necessary Line PEC -5
_ _ _			Tong Time 35
Dated	//-/-	<u>, 2008</u> .	
		nature of a member or authorized representative of a member 70SE Wis Rumerw.  Typed or printed name of signee	r

Page 2 of 2

Filing Fee: \$25.00