L03000017066

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	→ #)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE OF CORPORATIONS

T. HAMPTON

JUL 17 2009

EXAMINER

COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJE	CCT:	ALeu	LA LLC	
SCE		 	ed Liability Company	
			· · · · · ·	
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		Eve	ITA V. VASSILE	2 V
			Name of Person	
	1			
•	ter i volgrey i e se	· 1	Firm/Company	····
		P0 2	OX 22782 Address	
		ST. Pete	RSBURJ FL City/State and Zip Code	33742
		EVA-30	USA. PET o be used for future annual report notificat	
		E-mail address: (to	o be used for future annual report notificat	ion)
For fur	ther information cor	ncerning this matter, please ca	all:	
E	velina L	1. VASSILEV	at (727) 48/-9 Area Code & Daytime To	616
	Name of I	Person	Area Code & Daytime To	elephone Number
Enclos	ed is a check for the	following amount:		
X 1\$25	.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,
/	· ·	Certificate of Status	Certified Copy (additional copy is enclosed)	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

AL	eua LL	C			
(Name of the Limited	d Liability Company A Florida Limited Lia	v as it now annears on o	ur record <u>s.</u>)		
The Articles of Organization for this Limited L Florida document number <u>L030000</u> 1	iability Company v <u>7066</u> .	vere filed on <u>MAY</u>	13, 200	3 and assi	igned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, <u>enter the new name (</u>	of the limited liabil	ity company here:			
The new name must be distinguishable and end w 'L.L.C."	ith the words "Limite	d Liability Company," th	e designation "	LLC" or the a	bbreviation
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE	ET ADDRESS)		**************************************	- 8	<u> </u>
				<u>=</u>	SION OF C
Enter new mailing address, if applicable:	Z DAV			3	<u> </u>
(Mailing address MAY BE A POST OFFICE	<u>, BUX)</u>			=======================================	STATE
B. If amending the registered agent and registered agent and/or the new registered of			cords, enter		f the new
Name of New Registered Agent:	Evelin	VA V. VASS	ilev		
New Registered Office Address:	2034 Tax	glewood DR	NE	T	
	,	Enter Flo	orida street ad	aress	
	ST. PETER	SEUR C	, Florida	25'10 Zip Code	<u>/_</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

1 11 2 2

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>	<u>Address</u>	Type of Action
1 <u>GR 14</u>	THEODORE F. Hasenstaub	9728 GROVELAND STREET SEMINOLE, FL 33772	Add Remove
			Add Remove
			Add Remove
			Add Remove
	·		Add Remove
			Add Remove
D. If ame	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	- 9
-			SECRETARY INSIGN OF CO
-			OF STATE OR ORPORATIONS
Dated	July 13, 20	109.	
	Signature of a mentled AIEXANO	or or authorized representative of a member IER D. DIMOV	
	Type	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00