## L03000028402

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D. BRUCE

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**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 2/5 <sup>T</sup> CENTURY ASSOCIATES UC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tiffany Valo Name of Person
2/st Century Associates. LLC
2255 Tamerine St.  Address
Minter Park, FL 32792  City/State and Zip Code  Tiffang/Valo 2005 Bhotmail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call:  TIFFANY VALO at (407) 341-1887  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:  \$\frac{1}{2}\$\$25.00 Filing Fee \$\frac{1}{2}\$\$30.00 Filing Fee & Certificate of Status \$\frac{1}{2}\$\$Certified Copy (additional copy is enclosed)  \$\$\$(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

21st Century	Associates	L.L.C.		
(Name of the Limited	Lability Company as it now Florida Limited Liability Co	w appears on our records.) mpany)	- "	
The Articles of Organization for this Limited L Florida document number <u>L030000 Ag</u>	iability Company were filed	Ion 8/1/2003	and ass	signed
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liability comp	oany here:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liabilit	y Company," the designation	"LLG" or the	
Enter new principal offices address, if applic	eable:		全部 皇	18
(Principal office address MUST BE A STREE	ET ADDRESS)		.S. 30 S. 3	- Fribing
Enter new mailing address, if applicable:			BE-STATE E-FLORIBA	
(Mailing address MAY BE A POST OFFICE	<u></u>			
B. If amending the registered agent and/ registered agent and/or the new registered o		ess on our records, <u>ente</u>	r the name (	of the new
Name of New Registered Agent:	T. FFANY	VALO		<del> </del>
New Registered Office Address:	2255 Tame	Enter Florida street a	ddress	
	Winter Park		3279	72
	City		Zip Cod	e —

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

**Type of Action** <u>Title</u> <u>Name</u> **Address** Add Remove ☐ Add Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00