# L03000039345

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T. HAMPTON

NOV 1 2 2008

**EXAMINER** 

# **COVER LETTER**

Division of Cor	porations			
SUBJECT: NAVAL	INTERNATIONAL I	REPAIRS,LLC	-	•
SOLUCIO.		ited Liability Company)		_
	Amendment and fee(s) are sub			
Please return all correspo	ondence concerning this matter	to the following:		
	GRACIELA VIRGINIA M	ONTERO		
		(Name of Person)		
	NAVAL INTERNATIONA			
		(Firm/Company)		
	6405 CHERRY GROV	/F CIR (Address)		B
	ORLANDO FL 32809	(City/State and Zip Code)	<b>&amp;</b>	
For further information c	oncerning this matter, please c	all:		
GRACIELA VIRGINIA MONTERO at ( 407 ) 509-2878				
(Name o	of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for the	ne 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 enclose	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

NAVAL INTERNATIONAL REPAIRS,LLC			-	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our re Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Company Florida document number IO3000039345	were filed on 10/13/2003	and a	ssigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ollity company here:			
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company," the des	ignation "LLC" or the	abbreviation	
Enter new principal offices address, if applicable:	7359 ALOMA AVE	C ARE	T	
(Principal office address MUST BE A STREET ADDRESS)	WINTER PARK FL 32792	ASSET 5		
Enter new mailing address, if applicable:	7359 ALOMA AVE	D : U	U C	
(Mailing address MAY BE A POST OFFICE BOX)	WINTER PARK FL 32792	<b>P</b> 0		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		s, enter the name	of the nev	
Name of New Registered Agent:			<del></del>	
New Registered Office Address:	(Enter Florida street address)			
	,,,,,,,	lorida	- J-V	
	(City)	(Zip Ce	ode)	

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 = Ma MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
w	· · · · · · · · · · · · · · · · · · ·		Add Remove
······································	· · ·		Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary)	
Dated NOVE			<del></del> _
	<b>"</b>	For authorized representative of a member	
	GRACIELA VIRGINIA N	ADNTERO Lor printed name of signee	

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Filing Fee: \$25.00