L040000031164

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

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03/20/08--01040--018 **52.50

Special Instructions to Filing Officer:

A. LUNT

APR 10 2008

EXAMINER

Office Use Only

2008 APR -9 A 11: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



March 27, 2008

LARRY JORDAN P.O. BOX 622903 OVIEDO, FL 32762-2903

SUBJECT: EMBASSY & ASSOCIATES, LLC

Ref. Number: L04000021164

We have received your document for EMBASSY & ASSOCIATES, LLC And we check(s) totaling \$52.50. However, the enclosed document has not and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenien

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 508A00018297

COVER LETTER

	ision of Corporations		
SUBJECT:	EmBASSY (Name of Li	# PSSOCIATES,	LLC.
The enclosed	d Articles of Amendment and fee(s) are so	ubmitted for filing.	
Please return	all correspondence concerning this matte	er to the following:	
	LARRY	Torden (Name of Person)	
	_ Emb	SSY & OSSUCI	ett, Lle
	P. O	ROX 622903 (Address)	· .
	Ou	(City/State and Zip Code)	62 As: 2
For further in	nformation concerning this matter, please	call:	FILE 2008 APR -9. SECRETARY C LLAHASSEE
LARK	(Name of Person)	at (40) 974940 (Area Code & Daytime Teleph	<u> </u>
	a check for the following amount:	_	
\$25.00 Fi	iling Fee \$\sum_\$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	STREET/COURIER AD Registration Section	DRESS:
	Division of Corporations	. Division of Corporations	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 3-18-04 and assigned
lorida document number LO40000 21164
his amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: APR
the new name must be distinguishable and end with the words "Limited Liability Company," the design the "LLC" or the abbreviation L.L.C."
3. If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: (Enter Florida street address)
(City), Florida (Zip Code)
lew Registered Agent's Signature, if changing Registered Agent:
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 eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

(If Changing Registered Agent, Signature of New Registered Agent)

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> **Address** Type of Action MOR Josette Jorda Add 🗌 Remove Add Remove Add Remove]Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if next and Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00