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SECRETARY OF STATE

VANDE SOIL

COVER LETTER

SUBJECT:	ECIB OF	ORLANDO, LLC	
	Name of Lim	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	abmitted for filing.	
Please return all corresp	pondence concerning this matte	er to the following:	
			
	<u> </u>	ER MARIO DELROSSO	<u> </u>
		Name of Person	
	EC	CIB OF ORLANDO, LLC	
		Firm/Company	
	850	OCEAN DRIVE STE 20	03
		Address	
	MI	IAMI BEACH, FL 33139	
-		City/State and Zip Code	
	pierm	nariodelrosso@yahoo.co	om motification
•		•	nonneation)
or further information	concerning this matter, please	call:	
PIER M	IARIO DELROSSO	at (_212_)	444-8297
Name	of Person Area Code & Daytime Telephone Number		nytime Telephone Number
nclosed 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 enclo	\$60.00 Filing Fee, Certificate of Status & Osed) Certified Copy (additional copy is enclose

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 SHATE OF DIVISION OF CORP FRANCISMS

ECIB OF ORLANDO, LLC

(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 Liabi	lity Company were filed on	5/25/2004	and assigned
Florida document numberL040004104	·		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Compa	ny," the designation "I	LC" or the abbreviatio
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A			
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
_	C:	, Florida	7: 0 1
	City		Zip Code

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ROBERTO RUGGERI	1500 OCEAN DRIVE APT 703 MIAMI BEACH, FL 33139	Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	- Vile
			SECNEDARY OF STATE /ISTON'S FROM FOR AN IN: 47
Dated			CHIEFE CHIEFE
	Signature of a memb	per or authorized representative of a member	
	PIEF	R MARIO DELROSSO	
	lype	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00