# L04000087037

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
	•	
		.
		1/4
,		19 det
	Office Use Only	CND



400076569334

06/26/06--01039--002 \*\*25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Laura Esther Salicrup, LLC.
(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:
la Man Solice
Laura Esther Salicrup
(Name of Person)
(Firm/Company)
19250 Timber Pine Hare (Address)
(Address)
OPLando PL 32833
(City/State and Zip Code)
For further information concerning this matter, please call:  Laura E-SAlicrup  at (407) a 56-7606
TO CATACAGA A TAMANA
Name of Person)  Accorded & Daytime Telephone Number)  (Name of Person)  (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
.O. C.
Enclosed 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 enclosed) 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

Laura Esther Saliceup, LLC.

(Present Name)

, 🖘

	(A Florida Limited Liability Company)		
FIRST:	The Articles of Organization were filed on 12/02/2004 and assigned document number 1040000 8 70 3 7		
SECOND:	This amendment is submitted to amend the following:  ARTICLE IT  Please Change Name of the Organization to  Read as Follow:  Salickup REALTY! Druestment proper	ties	UС.
	SECRETARY OF STATE TALL AHASS E. FLORIDA	06 JUN 26 AM 8: 25	, FILED
Dated <b>\</b>	June 21 , 2006.  Signature of a member or authorized representative of a member  Laura E. Salicaup		
	Typed or printed name of signee		

Filing Fee: \$25.00