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(Re	questor's Name)	
(Address)		
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		•
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

Divisio	on of Corpo	rations					
SUBJECT:	lizabeth N	Mariela Bartens-Santu	ırri, LLC				
SUBJECT: _		Name of Lim	ited Liability Company				
The enclosed A	rticles of An	nendment and fee(s) are sub	mitted for filing.				
Please return al	l correspond	ence concerning this matter	to the following:				
		Elizabeth M. Bartens	5				
			Name of Person				
	Elizabeth Mariela Bartens, LLC						
			Firm/Company				
		3191 Whirlaway Tra	il		A 74	.	
			Address			2015	
		Tallahassee, FL 323	09		が開発し	833	
			City/State and Zip Code		SSE	9-	
		mariela@marielasells			ي س دې سا	PH	
			to be used for future annual report notifies	ition)	Set of	ယ္	The same of
For further info	rmation con	cerning this matter, please ca	ill:		SH.	۲ با	
Elizabeth M	I. Bartens		850 545-3920		_		
	Name of Po	erson	Area Code Daytime T	elephone Number			
Enclosed is a cl	neck for the 1	following amount:					
■ \$25.00 Filin	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status		

MAILING ADDRESS:

Registration Section

TO:

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

(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 02/21/2005 Florida document number L05000017557	_ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Elizabeth Mariela Bartens, LLC	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbre	viation "L.L.C."

Elizabeth Mariela Bartens-Santurri, LLC

Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	20 A	
		أملعت
	<u> </u>	SIG VARIATION
Enter new mailing address, if applicable:	155E	-
(Mailing address MAY BE A POST OFFICE BOX)	mo -0	
	Los a:	erre-samerely b May 1 1

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		—
•	Enter Florida street ad	dress
		, Florida
	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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office uddress, 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Elizabeth M. Bartens	3191 Whirlaway Trail	□ Add
		Tallahassee, FL 32309	□ Remove
			☐ Remove
			☐ Add
			□ Remove
			2015 FEB de Prove Add Pre 3: 47
			3: 47
			□ Add
			□ Remove
			□ Add
			Remove
			<u>.</u>

If amending any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)
• .	
Effective date, if other than the date of	
(The effective date must be specific, cannot be prior the date this document is filed by the Florida Department	to date of receipt or filed date and cannot be more than 90 days after artment of State)
Dated February 4	2015
	riel Satur
Elizabeth M. Bartens	of a member or authorized representative of a member
Liizabetii W. Daitelis	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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