

LD5000034720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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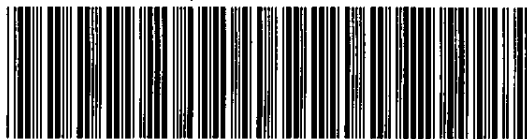
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 DEC 31 PM 2:44

FILED

C. LEWIS

JAN 05 2009

EXAMINER

DATE: 21 /26 / 08
TO: FLORIDA DEPARTMENT OF STATE
At DIVISION OF CORPORATION
FROM: BOTTELLI , ANDREA L.. RETURN ADDRESS 964 TULIP CIRCLE WESTON FL 33327

Please see attached application to change REGISTERED AGENT and REMOVE and ADD
NEW MANAGER

Contact me at 954-608-8901


ANDREA BOTTELLI
964 TULIP CIRCLE
WESTON FL 33327

954-608-8901

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CONDARCO 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:

BOTTELLI, ANDREA L.
(Name of Person)
CONDARCO LLC
(Firm/Company)
964 TULIP CIRCLE
(Address)
WESTON FL 33327
(City/State and Zip Code)

For further information concerning this matter, please call:

BOTTELLI, ANDREA L. at 954, 608-8901
(Name of Person) (Area Code & Daytime Telephone Number)

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)
☐ \$60.00 Filing Fee, Certificate of Status & 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

FILED
2008 DEC 31 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONDARCO 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 Liability Company were filed on 04/08/2005 and assigned
Florida document number L05 0000 34720

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

964 TULIP CIRCLE
WESTON FL 33327

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

964 TULIP CIRCLE
WESTON FL 33327

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:

BOTTELLI, ANDREA L.

New Registered Office Address:

964 TULIP CIRCLE

(Enter Florida street address)

WESTON, Florida 33327

(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 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 = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SKLAR, SERGIO E.	964 TULIP CIRCLE WESTON FL 33327	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SKLAR, MARIA A.	964 TULIP CIRCLE WESTON FL 33327	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____

Signature of a member or authorized representative of a member

SKLAR, MARIA A.
Typed or printed name of signee

2000 DEC 31 PM 2:44
RECEIVED
CLERK OF COURT
HALLANDALE BEACH, FL 33410

FILED