## L05000039179

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## **COVER LETTER**

Registration Section

TO:

Division	of Corporations		
SUBJECT:	CONGAL	ARZA LLC	
	(Name of L	imited Liability Company)	
The enclosed Arti	icles of Amendment and fee(s) are su	bmitted for filing.	
Please return all c	orrespondence concerning this matter	er to the following:	
	CARLOS E VELAN	DIA	. •
		(Name of Person)	_ <del>_</del>
	CEV SERVICES		O7 APR -9
		(Firm/Company)	APR
	8405 N HIMES AVE		NOF CORPORATIONS NO PR -9 PM 3: 46
		(Address)	PH (
	TAMPA , FL 33614		PH 3: 46
	(City	//State and Zip Code)	
For further inform	nation concerning this matter, please	call:	
SONI	A GALARZA	at ( 813 ) 426-7360	
	(Name of Person)	(Area Code & Daytime Telepho	one Number)
Englosed is a check	for the following amount:		
\$25.00 Filing Fe		\$55.00 Filing Fee & \$6	0.00 Filing Fee.
	Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	Teate of Status & Ted Copy tional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations		STREET/COURIER ADD	DRESS:
		Registration Section Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	ele

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## **CONGALARZA LLC**

(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on document number L05000039179 and assigned	
SECOND:	This amendment is submitted to amend the following:	
	CHANGE ARTICLE N. 1	<del></del>
	NAME AND PRINCIPAL PLACE OF BUSINESSS	
	NEW NAME: CONGALARZA REALTY LLC	07 APR -9
	MAILING ADDRESS: PO BOX 260243	corpo 9 PM
	TAMPA , FL 33685	APR -9 PM 3: 46
Dated AF	PRIL 02 , 2007 .	<del> </del>
	Source Isolans	
	Signature of a member or authorized representative of a member  SONIA GALARZA	
	Typed or printed name of signee	

Filing Fee: \$25.00