

Office Use Only

G. MCLEOD

NOV 19 2010

EXAMINER



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11/18/10--01007--013 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FIORIE

COVER LETTER

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Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

, ,	T	O		Fr.
ART	ICLES OF O		ION 7	NOV 18 AM 11:40 FASSE OF STATE
	0	F	74,40	18 11
	ABC Vivi	an IIC	"ZZA,	13/3/2 111:40
(Name of the Limiter	d Liability Compa A Florida Limited I	ny as it now appea	rs on our records	D 6. F/0.4/
				- RIOA
The Articles of Organization for this Limited L		were filed on	04/27/200	5 and assigned
Florida document numberL0500004	1589			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Compa	any," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	4071 76th Av	venue North, A	Apt. 1
(Principal office address MUST BE A STRE	Pinellas Park	, FL 33781		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	S BOX)			
		<u></u>		
B. If amending the registered agent and	or registered of	fice address on	our records, <u>en</u>	ter the name of the ne
registered agent and/or the new registered o	ffice address her	<u>e</u> :		
N. CN. P. L. IA				
Name of New Registered Agent:				
New Registered Office Address:	4071 76th A	venue North, A	Apt. 1 ter Florida street	t address
	.		iei Piuriaa sireei	
	Pi	nellas Park	, Florid	a 33781

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 **Title** <u>Name</u> **Address** Type of Action ☐ Add Remove ☐ Add 🔲 Remove ☐ Add Remove Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 10 2010 Dated _ Signature of a member or authorized representative of a member Vincent Le Typed or printed name of signee

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Filing Fee: \$25.00