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PICK-UP	☐ WAIT	MAIL
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B. BOSTICK

JAN 1 5 2013

EXAMINER

COVER LETTER

SUBJECT:	torral hves	fmont and Develo	pment, LLC	,
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Sura	Name of Person		
	Hiddle &	utern Arhfacts.	LIC	
	4273 06	per Union Fd Address		
	Orland	City/State and Zip Code	TALI	<u>.</u>
	Sartan E-mail address: (to	and enational go be used for future annual report notificati	a · com	<u> </u>
For further information c	oncerning this matter, please ca	all:	SSET -	
Sura Name o	Artomand	at (407) 92866 Area Code & Daytime Te	lephone Number	L PH 3: 22
Enclosed is a check for the	ne 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 e	

MAILING ADDRESS:

Registration Section Division of Corporations

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

Artomand Invest	tment and Development, LLC.
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on 10012005 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia Hiddle leastern Artical The new name must be distinguishable and end with the words "Lin" "L.L.C."	bility company here: Cts, LLC, nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	AC A
Enter new mailing address, if applicable:	AR A TO A TO A SEE
(Mailing address MAY BE A POST OFFICE BOX)	75 3: 2 FLORNI 2
	office address on our records, enter the name of the new
registered agent and/or the new registered office address he	<u>re</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
Nov. Designationed Amends Circumstance (C. b. 1971) - Designation of Amends Ame	Lip 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>	Address	Type of Action
			Add
			Remove
			_
			Add
			Remove
			_
			Add
		TALC SEC	Remove
. •		AHASS	
	 	SLUBEL WE STAFE FALLAHASSEE, FLORIDA	_ _ _ _ _ _ _ _ _ _ _
		PA TO A	بب Remove
			-
			Add
			Remove
	· ·		Add
			_ Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
Dated	January 8, 2013.
	Signature of a member or authorized representative of a member Afa bak Arjoman l-haghighi Typed or printed name of signee
	サイで ロスペ サイルのかる とークス 多り、多り、 Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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