## L0600000000000346

(Req	uestor's Name)	)	
(Add	ress)		
(Add	ress)		
(City	/State/Zip/Phon	ne #)	
PICK-UP	☐ WAIT	MAIL.	
(Busi	iness Entity Na	me)	
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to F	iling Officer:		
	•		

Office Use Only



100175716381

04/19/10--01032--024 \*\*25.00



APR 2 U 2010

EXAMINER

## **COVER LETTER**

\ Division of Cor	rporations		•	
SUBJECT:	range of Limi	Led Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	no change	15 - ofther than de	he name	
	<b></b>	Name of Person		
		Firm/Company		
		Address		
		City/State and Zip Code		וארר פני 16
	E-mail address: (1	o be used for future annual report notific	ation)	到春
For further information	concerning this matter, please c	all:		RI TAR ASS
Damyan Name o	Damyan off of Person	at ( 772 ) 834 - Area Code & Daytime	Celephone Number	FILED PR 19 PH 3:0 HASSEE FS TAIL
Enclosed is a check for t	the following amount:		Ą	(** • <b>&amp;•</b>
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Contact (additional contact)	f Status &

MAILING ADDRESS:

TO:

Registration Section

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

WAMYAND AMYAND TO (Name of the Limited Liability Compan (A Florida Limited Li		on our records.)	
(A Florida Limited Li		•	•
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on	/14/2006	and assigned
Florida document number 206000 16346		-	
. I torida document maniber			
This amendment is submitted to amend the following:			,
A. If amending name, enter the new name of the limited liabi	lity company here:	:	
BUYFLORIDAUSA	246		
The new name must be distinguishable and end with the words "Limit" L.L.C."	ed Liability Compan	y," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			-
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
			A
		ر و	3 3 J
Enter new mailing address, if applicable:			20
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	号 · 是 · 四
		OR.	
		ĎΑ	000
B. If amending the registered agent and/or registered off		r records, <u>enter</u>	the name of the ne
registered agent and/or the new registered office address here	:		
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	r 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>tle</u>	<u>Name</u>	Address	Type of Action
····			Add Remove
			Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if nece	essary.)
			10 APR
		·	19 P
ted	April 16 20	010	3: 0g
		<u> </u>	

Page 2 of 2

Filing Fee: \$25.00