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M. THOMAS

AUG 1 2 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co		**	
SUBJECT: <u>110</u>	11 NW 27 th Name of Limited I	DENUE LLC Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitt	ed for filing.	
Please return all corresp	pondence concerning this matter to the	ne following:	
	JOAO CARLOS	Name of Person	
	11011 NW 6	27 th AUGINU Firm/Company	ve LLC
	736 NG 8a	2 JERRACE Address	,
	MIANI F	EL 33138 ty/State and Zip Code	TASES T
	Ipatinga 2 E-mail address: (to be	used for future annual report notifica	CON ASSET
For further information	concerning this matter, please call:		PHIZ:
JOBO CAR	LIOS ROCIPIOUS	at (305) 310 2 Area Code & Daytime T	3 3 2
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

11011 NW 27 M M	venue La	LC	
(Name of the Limited Liability Co (A Florida Lim	mpany as it now apper ited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Com Florida document number <u>LO 60003952</u>	pany were filed on	24/13) 2006 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Comp	any," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		7 SE T	
(Principal office address MUST BE A STREET ADDRES	<u>s)</u>	ARE UG	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PH 12: 54 SSEE. FLORIDA	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on here:	our records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida 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> Address Name **Type of Action** 736 NE BZ TERRACE Add Remove 🔲 Add Remove ☐ Add Remove 7 Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) of a member or authorized representative of a member ROCHIUE) Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00