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SECRETARY OF STATE DIVISION OF CORPORATION 31

## **COVER LETTER**

Division of Co	rporations		
SUBJECT:	INDRUNA	S ENTERPRISES, LLC	_
Bongeer.		ited Liability Company	
			· ·
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		OUGLAS INDRUNAS	
•		<del></del>	
mir fine frame	_	Name of Person	
	INDRU	INAS ENTERPRISES, LLC	
		Firm/Company	
	2582 COI	NECTION PT. SUITE 100	8
		Address	
		OVIEDO, FL 32765	
		City/State and Zip Code	
	E-mail address: (	ielic@cfl.rr.com to be used for future annual report notifica	tion)
For further information c	oncerning this matter, please o		,
	, promo		
	LAS INDRUNAS		55-5905
Name o	f Person	Area Code & Daytime T	elephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

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

INDR (Name of the Limited	UNAS ENTERPRISES, Liability Company as it now appear Florida Limited Liability Company)	LLC urs on our records.)	NoF CO
(A	Florida Limited Liability Company)		P RPC
The Articles of Organization for this Limited Li	ability Company were filed on	8/28/2006	and assigned AA
Florida document numberL06000085	· · · · —		10NS
This amendment is submitted to amend the follows:			
AIf amending name, enter the new name of	the limited liability company he	re:	in a sei a. see
The new name must be distinguishable and end wit "L.L.C."  Enter new principal offices address, if application of the second of	able:	any," the designation "I	LC" or the abbreviation
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>		
B. If amending the registered agent and/or the new registered of		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	DOUGLAS INDRUNAS		
New Registered Office Address:	2582 CONNECTION PT, S	SUITE-1008 -	
•	E	nter Florida street add	ress
	OVIEDO	. Florida	32765
	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 Agene, 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:

**Type of Action** 

**Remove** 

MGR = Manager
MGRM = Managing Member

Title Name Address

MGR THOMAS INDRUNAS 2582 CONNECTION PT. SUITE 1008
OVIEDO, FL 32765

· · · · · · · · · · · · · · · · · · ·						Remove
						Add
<del></del>	· · · · · · · · · · · · · · · · · · ·					Remove
<del></del>						Add Remove
						Add Remove
						Add Remove
If amendin	g any other infor	mation, enter change	(s) here: (Attach addi	itional sheets, if ne		
If amendin	g any other infor		······································		cessary.)	
If amendin	g any other infor	mation, enter change	(8) here: (Attach addi		cessary.)	
If amendin	g any other infor		······································		cessary.)	
	g any other infor				cessary.)	
If amendin					cessary.)	

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Filing Fee: \$25.00