# L0600089668

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B. BOSTICK DCT 1 2 2011 EXAMINER

A. J.	COVER LETTER	
TO: Registration Sec Division of Corp	tion	
subject: <u>STA</u>	MBUL UC Name of Limited Liability Company	
The enclosed Articles of A	mendment and fee(s) are submitted for filing.	
Please return all correspon	dence concerning this matter to the following:	
	VERONICA ROTAS	
	Name of Person	
	Firm/Company	
	1958 NE 149th Street	
	Noith Miani, FL 33181 City/State and Zip Code Veronia @ Stambul. Com E-mail address: (to be used for future annual report notification)	TALLAHASSE
For further information con	ncerning this matter, please call:	
Verone Name of	Ca Rolas at 305, 335-2526 Area Code & Daytime Telephone Number	5:03

Enclosed is a check for the following amount:

\$25.00 Filing Fee

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S30.00 Filing Fee & Certificate of Status 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

ed Iliability Company as it now appears on our records.) (A Florida Limited Liability Company) and assigned The Articles of Organization for this Limited Liability Company were filed on Florida document number LOGOCC

This amendment is submitted to amend the following:

#### A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	5 <u>9</u> 5

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	VERONICA ROJAS	
New Registered Office Address:	1958 NE 149 Th Street	
	Enter Florida street address	
	North Manu Florida 3318	[
	City Zip Code	e

#### 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, hereby confirm that the limited liability company has been notified in writing of this change.

Page 1 of 2

Roman 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:

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## MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name		Address	Type of Action
ManD	aniel Per	a	1958 NE 149th Street North Thank 1 P. 33BT	Add Remove
r1 <u>6er1</u>	Ver <u>onica Ro</u> li	as	1945 NE 147 St North-Muane, FL 33181	Add X Remove
<u></u>				Add Remove
				Add Remove
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Т

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

		NEC	
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		r 234,	
·			
Dated	10/6/ 2011		 ⊃
	lerenica Dias		
	Signature of a member or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·	
	Verónica Voias		
	Typed or printed name of signee		
	Page 2 of 2		

Filing Fee: \$25.00