## 10000093472

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

D. BRUCE
JUL 2 2 2011
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ACINONYX IIC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JORGE DULANTO.
ACINONYX LLC. Firm/Company
7227 ATLANTIC BLUD SUITE 3.
JACKSONVIILE, FL, 32211  City/State and Zip Code  Print F
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call:  Tor ge Dulanto .  Name of Person  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$ (additional copy is enclosed) \$\$ \$60.00 Filing Fee, \$\$ \$\$ \$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

ACINONYX LLC	
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L0600093472</u>	were filed on 9/21/2006 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	HÃ P
	<u> </u>
Enter new mailing address, if applicable:	F STATE FLORID
(Mailing address MAY BE A POST OFFICE BOX)	RIDA P
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Ma	naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>46R</u>	SHEMESH, NETANEL	3701 DANFORTH Drive APT 408 JACK SONVIlle, FL, 3222	Add Remove
MGR	I VAN, VALIA DARES	9745 TOUCHTON RI # 704 JACKSON VILLE, FL, 3224	Add Remove
<del></del>			Add Remove
	<u> </u>		Add Remove
			Add Remove
<del></del>			Add Remove
D. If amendin	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	_
		LLAHASSEE	11/11/21
 Dated <u>20</u>	The July, 201	- CRA	T D
-		TOTAL DULANTO.  printed name of signee	

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Filing Fee: \$25.00