L06000094814

(Requestor's Name)	2
(Address)	
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(City/State/Zip/Phone #) MAIL MA	
(Business Entity Name) (Document Number)	
Certificates of Status Certificates of Status Certificates of Status	
Special Instructions to Filing Officer.	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ELISAMUEL INTERNATIONAL LLC (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:
Geovanny Sepretveda (Name of Person)
5 NDESA
(Firm/Company)
6220 South Drange Blossen Trail Fuite 139
Orlando H. 32809 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ \$\times \text{S55.00 Filing Fee & Certificate of Status}\$\$ \$Certified Copy (additional copy is enclosed) \$\text{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



RECEIVED

09 APR -3 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 25, 2009

ELISAMUEL INTERNATIONAL, LLC 2908 RIVER BIRCH DR KISSIMMEE, FL 34741

SUBJECT: ELISAMUEL INTERNATIONAL, LLC

Ref. Number: L06000094814

We have received your document for ELISAMUEL INTERNATIONAL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 609A00010101

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELISAMUE	L INTELNATION	Al LLC
·	y Company as it now appears on our r Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>LOGOOO</u> 9	Company were filed on9/29 9/4	1/2006 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the de	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS))/A 8 8 8 6
Enter new mailing address, if applicable:		APR -3 PI
(Mailing address MAY BE A POST OFFICE BOX)		PRATIE
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our recor dress here:	rds, enter the name of the new
Name of New Registered Agent:	-	/
New Registered Office Address:	(Enter Florid	da 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

MICKMI - MA	uaging member		
Title	Name	Address	Type of Action
MGIL	SAMUEL GOLVEY	2908 RIVER DIACH DRIVE KISSIAMER PUZYFYS	Add Remove
Man	Elisa Piweiro	2908 River Birch Drive	Add Remove
<u></u>			Add Remove
	<u></u>		Add Remove
			Add Remove
			Add Remove
D. If amendir	ng any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	1
		NIA	SECRETARY OF STATE ON OF CORPORATIONS O9 APR -3 PN 4: 14
Dated	,,	·	ONS ONS
_	(Segrature of a mamba)	or authorized representative of a member	
_		SAMUEL GOME >	

Page 2 of 2

Filing Fee: \$25.00