## L06000102845

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T. HAMPTON

MAR - 3 2009

**EXAMINER** 

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: OWNER	R ALLIANCE, LLC		0		
(Name of Limited Liability Company)					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	OSCAR TORRES				
		(Name of Person)			
	OWNER ALLIANCE, LLC				
(Firm/Company)					
	3880 E COQUINA WAY				
		(Address)			
	WESTON, FL 33332				
	WESTON, FL 33332	(City/State and Zip Code)			
For further information co	oncerning this matter, please c	all:			
OSCAR TORRES		at ( 954 ) 709-3333			
(Name of Person)		(Area Code & Daytime To	elephone Number)		
Enclosed is a check for th	e 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)		
Registra	NG ADDRESS: ation Section n of Corporations ax 6327	STREET/COURIER Registration Section Division of Corporatio Clifton Building	ns		
Tallaha	ssee, FL 32314	2661 Executive Center	· Circle		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OWNER ALLIANCE, LLC			
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) nited Liability Company)		
The Articles of Organization for this Limited Liability Cor	mpany were filed on 10/20/2006	and assi	gned
Florida document number <u>L06000102845</u>	. <b>⊞</b>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the designation "	LLC" or the ab	breviatio
E.E.C.		0	므
Enter new principal offices address, if applicable:		9	<u></u>
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	MAR	<u> </u>
		t N	유류고
		_	37E
		PH	CORPOR
Enter new mailing address, if applicable:		Ö	- <del>2</del> 2
(Mailing address MAY BE A POST OFFICE BOX)		<u>_</u>	<u> </u>
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		the name of	the nev
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 = Managing Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM_	TANIA TORRES	1304 SW 160TH AVEUE. #224 WESTON, FL 33326	Add Remove
			Add
			Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ameno	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	SE DIVIS
			FILE CRETARY OF CO
	<u> </u>		OF STATE RPORATIONS PM 2: 05
Dated <u>FEBR</u>	W	2008 .	_
	OSCAR TORRES	rember or authorized representative of a member  Typed or printed name of signee	നമ്യ
	1	Page 2 of 2	

Filing Fee: \$25.00