L07000	1086000		
(Requestor's Name) (Address) (Address)	800159331068		
(City/State/Zip/Phone #)	03/04/0901014008 **30.00		
(Business Entity Name) (Document Number)			
Certified Copies Certificates of Status	FILI SECRETARY		
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Office Use Only	C. LEWIS SEP 8 2009 EXAMINER		

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,	3	COVER LETTER			••
TO:	Registration Section Division of Corporations	82 •	@ ; •	¥2,	•
SUBJE	ct: <u>Ibarra</u>	shee	et Me	tal, l	LC.
		Name of Lin	nited Liability C	ompany	

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

at (352) 220 - 8263 Area Code & Daytime Telephone Number Name of Person

Enclosed is a check for the 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)

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 A TO ARTICLES OF O OF TRara Sheet Me (Name of the Limited Liability Compan (A Florida Limited Li	D RGANIZATION	FILED 2009 SEP - 4 PH 12: 50 SECRETARY OF STATE SCORDANALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L0700006861}$.	were filed on $01/19/2$	2007 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the de	signation "LLC" or the abbreviation
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)		
B . If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our record :	is, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
	-	
······································	, I City	Torida 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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

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Title	Name	Address	Type of Action
			Add Remove
	_		Add Remove
			Add
			Add Remove
			Add Remove
			Add
D. Ifan	Business owner	enter change(s) here: (Attach additional sheets, AShip 451 Spring Dr. Ocala, FL 051-74 66 bahia trace Cord, ocala FL, 100	
Dated	Bendo Signatu	The second secon	TIMECHETARY OF STATE