## L07000021518

(Requestor's Name)
(Address)
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- 11
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
(2553), (2553),
Certified Copies Certificates of Status
· <del></del>
Special Instructions to Filing Officer:
Special instructions to Filing Officer.
A. LUNT
MAY <b>25</b> 2010
EXAMINER

Office Use Only



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**500207930355** 05/24/11--01002--003 \*\*30.00

2011 HAY 24 PH 2: 14

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Vidal Name of	Limited Liability Company
The enclosed Articles of Amendment and fee(s) ar	re submitted for filing.
Please return all correspondence concerning this m	natter to the following:
	eresita Vilal.
	Name of Person  Vidal & General Services & C.  Firm/Company
107	S. B. I Blil was a
	PACKSONVIlle, FL. 3224 6 =
E-mail addr	City/State and Zip Code  LVID Jeneral Service Dobrail.com.  ess: (to be used for future annual report notification)
For further information concerning this matter, ple	
Name of Person	at ( 904 368-0343 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of State	S55.00 Filing Fee & S60.00 Filing Fee,  Certified Copy Certificate of Status &  Certified Copy (additional copy is enclosed)
MAILING ADDRESS:	STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A F	florida Limited Liability Compan	y)
The Articles of Organization for this Limited Lia		02.26.2007 and signed
Florida document number <u>676006</u>	215.18	HAV 24
This amendment is submitted to amend the follow	wing:	SSECTION TO
A. If amending name, enter the new name of t	the limited liability company	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Cor	npany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	'ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi		n our records, enter the name of the nev
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

MGR = Manager MGRM = Managing Member Type of Action <u>Title</u> <u>Name</u> ☐ Add Remove ☐ Add Remove Add Remove Remove \_\_\_Add⊹ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 201 Dated 5.12 - 2011 eresita Signature of a member or authorized representative of a member leresita Typed or printed name of signee

-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:

Page 2 of 2

Filing Fee: \$25.00