L07000034483

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
: (Document Number)
(Boodiffert Hallisely
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



700159110387

08/03/09--01028--008 **25.00

2009 AUG -3 AM II: 19
SECRETARY OF STATE
ALASSEE, FLORID

T. CLINE

AUG -4 2009

EXAMINER

COVER LETTER

Division of Co					
SUBJECT:					
	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	oondence concerning this matte	r to the following:			
		Ericca L. Thomas			
		D' Esmaraldas II C			
D' Esmeraldes, LLC Firm/Company					
2963 Edgewood Ln. Address				725	
				LAH	-
Sarasota, FL 34231 City/State and Zip Code			TAR IASS	1	
		Chy/state and Zip Code		2009 AUG -3 AM II: 19 SECRETARY OF STATE TALLAHASSEE. FLORID	The state of
	E-mail address: (to be used for future annual report notifica	ation)	F	r.
For further information	concerning this matter, please	call:		ATE RIDA	
	cca L. Thomas		27-9951	<u> </u>	
Name	of Person	Area Code & Daytime T	Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 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		STREET/COURIER Registration Section	R ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	D' Esmeraldes, LLC				
(Name of the Limite	d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited I	Liability Company were filed on	04/02/2007	and assigned		
Florida document number L0700003					
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :			
The new name must be distinguishable and end w "L.L.C."	rith the words "Limited Liability Comp	any," the designation "l	LLC" or the abbreviation		
Enter new principal offices address, if appli	cable:		2009 TA E		
(Principal office address MUST BE A STRE	ET ADDRESS)		TO A T		
			1 interest		
			SET G		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE					
			Drn G		
B. If amending the registered agent and registered agent and/or the new registered of		our records, <u>enter (</u>	the name of the new		
Name of New Registered Agent:	Ericca L. Thomas				
New Registered Office Address:	2963 Edgewood Ln.				
	Enter Florida street address				
	Sarasota	, Florida	34231		
	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.

Page 1 of 2

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

Address Type of Action <u>Title</u> <u>Name</u> 2963 Edgewood Ln. MGR Flavio R. Quinonez ☐ Add Remove Sarasota, FL 34231 MGR Ericca L. Thomas 2963 Edgewood Ln. Sarasota, FL 34231 Remove . ☐ Add Remove Remove □**Ag**d □Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Flavio R. Quinonez Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00