# L07000035436

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Contification of Status					
Certified Copies Certificates of Status					
Constitution to Siling Officer					
Special Instructions to Filing Officer:					
A. LUNT					
AUG <b>2 3</b> 2011					
EXAMINER					

Office Use Only

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SEGAETARY OF STATE TALLAHASSEE, FLORIOA

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Almost Heaven LLC Name of Limited Liability Company
Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Randy Lazarus
Firm/Company
2172 Platinum Rd. Ste H
APOPKA FT 32703 City/State and Zip Code
Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Randy Lazarus at (407) 247-9337  Name of Person Area Code & Daytime Telephone Number
· ·
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{S30.00 Filing Fee & S55.00 Filing Fee & S60.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Almost He (Name of the Limited I	AUU Compa Jability Compa Jorida Limited I	ny as it now appears of Liability Company)	n our records.)		
The Articles of Organization for this Limited Lial Florida document number		were filed on	<u> </u>	an Passign	ned
This amendment is submitted to amend the follow  A. If amending name, enter the new name of t	Ü	ility company here:	,	22 AH ID ARY OF SH	m O
Almost Heaven 2 The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company,	" the designation "l	UEC" or the abb	reviation
Enter new principal offices address, if applical (Principal office address MUST BE A STREET)		2172 Pl Apopka	ktinum , FC 32	Rd. St 703	<u>e H</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	2172 P/a Apopka	Houm ,FL 32	Rd. St 703	<u>e</u> H
B. If amending the registered agent and/or registered agent and/or the new registered officers.			records, enter t	the name of t	he new
Name of New Registered Agent:  New Registered Office Address:	<u> </u>	Platrum	Rd. S Fiorida street add	te H	
	_Apo	PKa.	, Florida	3270 Zip Code	<u>3</u>

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 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 Title <u>Name</u> Address Type of Action ☐ Add Remove ☐ Add Remove 🔲 Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated //RANDY LAZARUS/1 Signature of a member or authorized representative of a member Lazaru.S Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00