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B. BOSTICK

JAN 1 9 2011

EXAMINER

## **COVER LETTER**

Registration Section Division of Corporations
SUBJECT: 6FS 1-165TOS & CONTABILISME LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gilmy F DOLGANOS  Name of Person
GFS 14POSTOS N CONTABILIMAE CLC
3755 COOPLUM CIACLE Address
Cocons Cheek, FC 33563  City/State and Zip Code
E-mail address: (to be used for future annual report notification)  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 9HD 8322 The Cole & Daytime Telephone Number
For further information concerning this matter, please call:    Column 1   Abs Carlos   at (954)   940   83   22     Name of Person   Area Code & Daytime Telephone Number   70   70   70   70   70   70   70   7
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{\$30.00 Filing Fee & }\ \text{Certificate of Status} \text{ Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy} \text{Certified Copy} \text{\$\text{Certified Copy}

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	n Costabilisase	LLC		
( <u>Name of the Limited Liab</u> (A Flor	oility Company as it now appears oida Limited Liability Company)	on our records.		
The Articles of Organization for this Limited Liability	.y oopan.yoro to a	05/01/2007	_ and assigned	
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company here:			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company	," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable:	<u> </u>			
(Principal office address MUST BE A STREET AL	DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	TALLAHASSET. I	SECRETARY OF	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our address here:	records, enter the	name of the new	
Name of New Registered Agent:				
New Registered Office Address:		Pl. · L		
	Enter Florida street address			
_	City	, Florida	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

MGR = M	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
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			Add Remove
<del></del>			A LE T
D. If amer	nding any other information, enter chang	re(s) here: (Attach additional sheets if necessary)	8 AMIO: 27
H62	Los Saulos, RITA C	- New Address: 2715 Coronul Circle Coronul Chegn, FC 33063	7 - 3_
			_
Dated	JANUARY 12 . 201	P. L.	
	GILVAN T	r or authorized representative of a member  - SOS SAS IOS  or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00