L07000063628

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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OB MAR 25 MH II: 44
SECRETARY OF STATE

COVER LETTER

Division of Corporations		*	
endiezt.	Sutlers Int	ernational, LLC	
SUBJECT:		ited Liability Company)	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
		Chalie Colon (Name of Person)	
		(Name of Ferson)	
Sutlers International, LLC. (Firm/Company)			
		(Address)	<u></u>
Orlando, FL 32824-5052			·
		(City/State and Zip Code)	
For further information	concerning this matter, please of	eall:	
Chalie	e Colon	at (321) 695-8602	
(Name of Person)		(Area Code & Daytime Telephone Number)	
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)
ВИА	MAILING ADDDESS.		Anndere.

MAILING ADDRESS:

TO:

Registration Section

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

FILED

08 MAR 25 AM 11: 44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

(City)

(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 = Mai MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Rafael A. Varela	1728 Meadow Pond Way Orlando, FL 32824	Add Remove
MGR	Melvin Perez	14648 Huntcliff Park Way Orlando, FL 32824	Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
		enter change(s) here: (Attach additional sheets, indegues should read as, Tamara Berdegue	
Dated	March 20		FF STATE
	Signature	c of a member of authorized representative of a member Chalie Colon Typed or printed name of signee	r .

Page 2 of 2

Filing Fee: \$25.00