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COVER LETTER

Registration Section
Division of Corporations

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:				
	Name of Limi	ted Liability Company		
	mendment and fee(s) are sub	_		
riease return an correspond	dence concerning this matter	to the following:		
	IVEL	ISSE MIRANDA-WILSON		
		Name of Person		
Firm/Company 1414 W. PRINCETON ST.				
ORLANDO, FL 32804				
		City/State and Zip Code		
	E-mail address: (to be used for future annual report noti	fication)	
For further information cor	ncerning this matter, please of	eall:		
IVELISSE M Name of I	IIRANDA-WILSON Person	at (40 7) Area Code & Daytin	620-9035 ne 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 & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILIN	IC ADDRESS:	STREET/COUR	IFD ANNDFSS.	

Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

OF 10 JAN 22 PM 2: 45

EVAN	ΓI. LLC	SECRETARY OF S	40 40
(Name of the Limited Liability Compa (A Florida Limited	nny as it now app Liability Compan	pears on our records. [(ORIDA
The Articles of Organization for this Limited Liability Company Florida document numberL0700066720	y were filed on _	6/25/2007	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	bility company	<u>here</u> :	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Cor	mpany," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:	1414 W. P	RINCETON STREE	T
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO), FL 32804	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.	ffice address o re:	n our records, <u>enter</u> t	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street ada	lress
	, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGKM - N	vianaging ivieniber		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
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			Add Remove
			Add
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necesso	•
			FILED 10 JAN 22 PM 2 BEUGETARY OF S ALLAHASSEE, FL
Dated	0	010	2: 45 STATE FLORIDA
	NELise	mualloa W	-
		er or authorized representative of a member	
		SE MIRANDA-WILSON I or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00