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COVER LETTER

TO: Registration Division of C	Section orporations				
SUBJECT:	MARIA EUG	SENIA OCHOA LLC			
50bble1					
		•			
The enclosed Articles	of Amendment and fec(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	r to the following:			
		•			
	MARIA EUGENIA OCHOA LLC Name of Limited Liability Company neclosed Articles of Amendment and fec(s) are submitted for filing. Pereturn all correspondence concerning this matter to the following: MARIA EUGENIA OCHOA Name of Person MARIA EUGENIA OCHOA LLC Firm/Company 313 S. KETCH DRIVE Address SUNRISE, FL 33326 City/State and Zip Code meochoa@sotelinc.com P-mail address: (to be used for future annual report notification) arther information concerning this matter, please call: MARIA EUGENIA OCHOA Name of Person Area Code & Daytlinc Telephone Number				
		Name of Person	· · · · · · · · · · · · · · · · · · ·		
	MARI	A EUGENIA OCHOA LLC			
Firm/Company					
	3	313 S. KETCH DRIVE			
SUNRISE EL 33326					
	m	eochoa@sotelinc.com			
			ion)		
For further information	concerning this matter, please	call:			
MARIA	EUGENIA OCHOA	at (954) 55	4-2800		
Name	of Person	Area Code & Daytime To	elephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	LING ADDRESS:	STREET/COURIER Registration Section	ADDRESS:		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARIA EUGENI	A OCHOA,	PA	<u> </u>
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appea	rs on our records.)	
(A Florida Limited L	hability Company)		306
		E1 0010 4	
The Articles of Organization for this Limited Liability Company	were filed on	FLORIDA	and assigned
Florida document number L0700070291			-n (20)
Tiorida document number			PAR SPIS
			?: <u>\$</u>
This amendment is submitted to amend the following:			£ gm
			~ <i>~</i>
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
MARIA EUGENIA			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Comp	any," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applicable:	313 S. KETC	H DRIVE	
(Principal office address MUST BE A STREET ADDRESS)	SUNRISE, F	L 33326	
Fu.4			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		and the second s	
,			
D. 16	w		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter t</u>	ne name of the ne
registered agent and/or the new registered ornee address her	<u>e</u> ;		
Name of New Registered Agent:			
New Registered Office Address:			
	Er	iter Florida street addi	ress
		. 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 Changing Registered Agent, Signature of New Registered Agent

* . . Ta

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 = Ma MGRM = 1	anager Managing Member		
<u> itle</u>	Name	Address	Type of Actio
·*··			Add
			Remove
			Add
			Remove
	·		Add
	•	2.	
			Add Remove
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lf amon	ding any other information, onter change(s) here: (Attach additional sheets, if necessary.)	
II allieli	ung any other information, enter thangets	s) neve. (Anach additional sneets, ij necessary.)	
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		7.7.4	
<u></u>	98-24-2010		
nted	mod		
	Signature of a member of	authorized-representative of a member	
		EUGENIA OCHOA printed name of signee	

Page 2 of 2

Filing Fee: \$25.00