

L07000080145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700145912607

03/20/09--01036--017 **25.00

FILED
09 MAR 20 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

MAR 23 2009

EXAMINER

Troche Associates LLC.

670 Milan Dr
Kissimmee, FL 34758

March 19, 2009

Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

The following letter is to certify the address and telephone number:

Troche Associates LLC

670 Milan Dr

Kissimmee, FL 34758

Tel: 407-791-3928

Sincerely,


Nelida Troche

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Troche Associate's L.L.C.
(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:

Nelida Troche

(Name of Person)

Troche Associate's L.L.C.

(Firm/Company)

670 Milan Dr

(Address)

Kissimmee, FL 34758

(City/State and Zip Code)

For further information concerning this matter, please call:

Raymond Troche

(Name of Person)

at (407) 873-5417

(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)

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**

Troche Associate's L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 6, 2007 and assigned
Florida document number L07000080165.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Nelida Troche

New Registered Office Address: 670 Milan Dr.
(Enter Florida street address)

Kissimmee, Florida 34758
(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.

Nelida Troche
(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

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Raymond Troche	670 Milan Dr Kissimmee, FL 34758	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Nelida Troche	670 Milan Dr Kissimmee, FL 34758	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Raymond Troche	670 Milan Dr Kissimmee, FL 34758	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Nelida Troche	670 Milan Dr Kissimmee, FL 34758	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
09 APR 20 PM 57
TALAMON, SECT. 1, KIDDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated March 17, 2009



Signature of a member or authorized representative of a member

Raymond Troche

Typed or printed name of signee