L07000082882

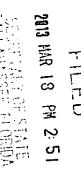
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(1001000)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number) Certified Copies Certificates of Status	
(Document Number) Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	(===== , ===== ,
Certified Copies Certificates of Status	
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:
1	

Office Use Only



900245697009

03/18/13--01018--021 **25.08



COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: BO	rton Smit	ed Liability Company	
	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Tiffar	Name of Person	
	Smith	oropeza, P.L. Firm/Company	·······
	138 Simo	anton St. Address	
	Ksey l	West, FL. 33040	
	Tiffany a E-mail address: (to	Smithoro acta. (C) o be used for future annual report notification	n/) on)
For further information co	ncerning this matter, please ca		
TiFFany Name of	Barcia Person	at (305) 29 10-72 Area Code & Daytime Te	2 7 Iephone Number
Enclosed is a check for the	e following amount:		
D \$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 FILED TO ARTICLES OF ORGANIZATION OF SEGRETARY OF STATE ARTICLES OF ORGANIZATION

	F	SECRETARY OF STATE FALLAHASSEE, FLORIDA
Rarton Smith (Name of the Limited Liability Compa (A Florida Limited I		
The Articles of Organization for this Limited Liability Company Florida document number <u>Lo700082862</u> .	were filed on <u>O</u>	8/13/2007 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :
Smith OROPEZA P.	L.	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	138-14	2 Simonton St.
(Principal office address MUST BE A STREET ADDRESS)	Key U	2 Simonton St. lest, FL, 33040
Enter new mailing address, if applicable:	138-142	Simonton St. est, FL. 33040
(Mailing address MAY BE A POST OFFICE BOX)	Key W	est, FL. 33040
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Ent	er Florida street address
		, 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

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 MGRM = Managing Member

<u>Name</u>	Address	Type of Action
GREGORY OROPOZO	138-142 Simonton Street	Add
		Remove
		Add
		Remove
		Add Remove
		Add
		Remove
		Add
		Remove
		_
		Add
		Remove
		GREGORY OLOPOZA 138-142 Simonton Stree Ky Wood, FL 33040

		•			
March	14	. 2013	. •		
March	14	2013			
Makeh	14 uffo Signature		orized representati	ve of a member	

Page 3 of 3

Filing Fee: \$25.00

FILED PH 2:51