# L07000084556

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANIBULATION WILLS

CCT 2 5 2013

### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

Arnao, Calderon & Lopez, LLC.

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:

## Freddy Alequin

Name of Person

National Accounting & Management, LLC.

Firm/Company

One Purlieu Place Suite 220

Address

Orlando, FL. 32792

City/State and Zip Code

natlacctg@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## Freddy Alequin

,407**,677-5157** 

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)

#### **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

Arnao, Calderon &	Lopez,	LLC.
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(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 Li Florida document number L070008455	ability Company were fil <b>6</b>	<sub>ed on</sub> August 17, 20		
Florida document number	<u> </u>		FIL 13 OCT 24 ECRETAR LLAHASS	
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability con	ıpany here:	AM II: 57  OF STATE E. FLORID	
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liabi	lity Company," the designation	on "LLC" or the abbrevia	ntio
Enter new principal offices address, if applica	able:	<u> </u>		
(Principal office address MUST BE A STREE	T ADDRESS)	4		
Enter new mailing address, if applicable:				_
(Mailing address MAY BE A POST OFFICE I	<u></u>			
B. If amending the registered agent and/oregistered agent and/or the new registered of		ress on our records, en	ter the name of the	- nev
Name of New Registered Agent:	Carlos Caldero	<u>n</u>		_
New Registered Office Address:	9012 Leeland A	rcher Blvd		
		Enter Florida street	•	_
	Orlando	, Florida	a 32836	_
	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<del>Title</del> Mgr	Name Abraham Lopez	Address Type of Action  9204 Black Hawk CtAdd
		Orlando, FL 32832 Remove
		Add
		Remove
		Add SECRETARY Remove
<del></del>		ANY OF STATE Add  Remove
		Add
		AddRemove

held with Arnao, Calderon	& Lopez, LLC. effective as of the 30th of September, 2013
October 17	2013
October 17	2013
	ture of a member or authorized representative of a member

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Filing Fee: \$25.00

2013 OCT 24 AM II: 5.7
SECRETARY OF STATE