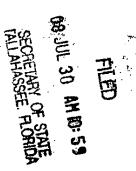
## L070000 85925

•			
(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



07/30/08--01014--005 \*\*55.00



M. THOMAS

JUL 3 1 2008

**EXAMINER** 

## COVER LETTER.

Registration Section Division of Corporations TO:

SUBJECT

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Firm/Company)

For further information concerning this matter, please call:

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 Str Certified Copy (additional cor

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

Name of the Limited Lia (A Flo	bility Company as it how appears on our records.) orida Limited Liability Company)	<del>.</del>
The Articles of Organization for this Limited Liabil Florida document number 100085		and assigned
This amendment is submitted to amend the following		FILED L 30 A
A. If amending name, enter the new name of the	· · · · · · · · · · · · · · · · · · ·	A SIN S
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the designation	n "LLC" sintle abserviation
Enter new principal offices address, if applicable		<u>ve Island. Road</u> Lorida 33321
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)	2010 north Apt #10 Ft. Landerdale	ast 1714 Street
B. If amending the registered agent and/or registered agent and/or the new registered office		er the name of the new
Name of New Registered Agent:  New Registered Office Address:	Bernadette Costania 3790 North Pine Is (Enter Florida street Tamarac, Florida (City)	sland Road address)

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.

MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> **Address Name** MGRM Bernadelle Costanio \_ Add 🗖 Remove \_ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_ Typed or printed name of signee

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:

Page 2 of 2

Filing Fee: \$25.00