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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

.() N. **0-14** MAY 1 8 2010

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	Posh Driando, LLC Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Tammy Eaton Name of Person
	Firm/Company
	1015 E Ft. King St.
	Ocala C 34471 City/State and Zip Code
•	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Tammy Eaton at (352) 454-7214 Name of Person Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
\	5.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 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 A DTICLES OF ODGANIZATION

ARIK	LES OF OR	GANIZATIO		.ED
	OF		TO MAY 17	.CD
			Shimmen	PM 12: 28
(Name of the Limited I	orlando	s, UC	TALLARY ON OUT TEROTOR	OF STATE
(Name of the Limited 1 (A l	<u>Liability Company a</u> Florida Limited Liab	is it now appears (on our records	FLORIDA
·		^	1.1	чод, 1
The Articles of Organization for this Limited Lia	bility Company we	re filed on	141200	and assigned
Florida document number <u>L670008</u>	<u> ነ888</u> .			
This amendment is submitted to amend the follow	wing:			
	_			
A. If amending name, enter the new name of t	the limited liabilit	y company here:		
	· · · · · ·			-
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Company	," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applical	ble:	1015 E	· Ft. K	ing St.
(Principal office address MUST BE A STREET	'ADDRESS)	Ocala	Ft 31	1471
			•	
	_			
Enter new mailing address, if applicable:		1DIS E	Ft. KI	ng St.
(Mailing address MAY BE A POST OFFICE B	- 	Deale	Ft 3	ng St.
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	_			
B. If amending the registered agent and/or	registered office	address on our	r records, ente	r the name of the ne
registered agent and/or the new registered offi				
Name of New Registered Agent:	Tamr	ny Ea	ton	
New Registered Office Address:	11515	F GLV	ing St.	
New Registered Office Address.		EA.K Enler	Florida street a	ddress
	A 2 4 6			
	<u> </u>	<u>City</u>	, Florida _	247 11 Zin Code
Non-Designational Assemble Co. A. Co.		,		Zip Code
New Registered Agent's Signature, if changing Re	<u>:gistered Agent:</u>			

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>Title</u>	<u>Name</u>	Address	Type of Action				
P	John Anastasia	1015 E Ft. King St.	Add Remove				
VΡ	Tina Anastasia	1015 E. Ft. King St Ocala Ki 34471	Add Remove				
Mgr	Raul Miranda	777 n Ashley Dr#2 Tampa, FL 331002	8D♥ Add Remove				
Mgrm	John Anastasia	1015 E.Ft. King St Ocala FL 34471	Add Remove				
Mgr	Tammy Eaton	1015 E Ft. King St. Ocala, Fl 34471	Radd Remove				
			Add Remove				
D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)					
	Nay 13 , Zi	AHASSEE, + EURA	FILED 10 MAY 17 PM 12: 28 SECRETARY OF STATE				
	1 diminus	Fatr					
Signature of a member or authorized representative of a member							
Tammy Eaton Typed or printed name of signee							

Page 2 of 2

Filing Fee: \$25.00