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SECRETARY OF STATE
ASECRETARY OF STATE

C. LEWIS
JUN 2 2009
EXAMINER

### **COVER LETTER**

TO: Registration Section  Division of Corporations	s, s≱e	क
SUBJECT:  Name of Lin	TNTERNATIONAL, LLC	
The enclosed Articles of Amendment and fee(s) are su	•	
Please return all correspondence concerning this matter	er to the following:	
·	Name of Person	
•	JEREMY D. CORREIA	
	Firm/Company	•
THE CO	PRETA CORPORATION	,
	Address 2.550 CTTRVS TOWER E # 1330  City/State and Zip Code CLETENONT, FL 34711 (to be used for future annual report notification)	
For further information concerning this matter, please	call:	
JEREMY D. CORRESTA  Name of Person	at (407) 247 - 5263 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS	STREET/COURIER A	nnp FCC.

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 ARTICLES OF ORGANIZATION **OF**

FILED

2009 JUN - 1 PM 2: 13

(Name of the Limited Liability Company as it now appears on our records.) SECRETARY OF STATE
(A Florida Limited Liability Company) ALLAHASSEE, FLORIO TUXEDO INTERNATIONAL The Articles of Organization for this Limited Liability Company were filed on Florida document number LO700092203 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CORRETA & COMPANY, LLC 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) ALA Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) NA 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: New Registered Office Address: Enter 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.

MGR = Ma			
<u>Title</u>	Ianaging Member <u>Name</u>	<u>Address</u>	Type of Action
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		•	_ Add _ Remove
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			_∐Add Remove
			☐Add _☐Remove
D. If amen	ding any other information	on, enter change(s) here: (Attach additional shee	TAFLAHASSEE. FLORIDA
Dated _	MAY Signa	26, 2009  Sture of a-member or authorized representative of a member of a memb	mber

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00