## L07000094304

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: L + R (Name of Limite	Caroup LLC ed Liability Company)		
The enclosed member, managing member or mfiling.	nanager resignation and fee(s) are	submitted for	
Please return all correspondence concerning th	nis matter to:		
Laurent C Valle (Contact Person)	es Sr		
L+RGroup L	LLC	2000 H SECRI TALLAH	W. San Contracts
3804 Corrollwood F Apt 101(Address) Tampa FL 33	124 3624	MAR 24 A 11: ) RETARY OF STAT WHASSEE, FLORIT	
(City/State and Zip Code)  For further information concerning this matter,	please call:	21 DA	
Theresa O Zipler a (Name of Contact Person)	at ( <u>813)</u> <u>932 - 9</u> (Area Code & Daytime Telephone	7 855 Number)	
Enclosed please find a check made payable to t \$25 Filing Fee	the Florida Department of State f \$55 Filing Fee & Certified Copy	or:	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRI Registration Section Division of Corpora P.O. Box 6327 Tallahassee, Florida	n ations	

CR2E079 (5/06)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Liability Company were filed on <u>Sept 13, 2007</u> and assign Florida document number <u>LO700094304</u>	∌d
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbu"L.L.C."	eviation
B. If amending the registered agent and/or registered office address on our records, enter the name of t registered agent and/or the new registered office address here:  Name of New Registered Agent:	<u>1е пеж</u>
Name of New Registered Agent:	<u> </u>
New Registered Office Address:  (Enter Florida street glddress)	i
(City), Florida (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 = Ma	naging Member		
Title	<u>Name</u>	Address	Type of Action
<u>ngr</u>	Rory 5 Mc Carthy	13807 Shady Shores Or Tampa FL 33613	Add Remove
<u>mgr</u>	Nadine Mirambea	n 3804 Carolluss of CC;  Tampa FC 33624	Add Remove
			Add Remove
<del></del>			Add Remove
	·		Add Remove
	<u> </u>	L A H A S S	Zin Approve Line Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary)	A II: 2
			_ _
			— — ,
Dated		5n.	
-	Laurent	or authorized representative of a member  Or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00