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EXAMINER 10010

COVER LETTER

TO: , Registration S Division of Co					
SUBJECT:	arco Avenue, LLC				
Name of Limited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Reg	ina W. Sargeant, Esquire			
		Name of Person			
	Law Office of Regina W. Sargeant, P.A.				
Firm/Company					
2820 U.S. 1 South, Suite F			2011 SEP	المشدد	
Address			第 第	Charles.	
St. Augustine, FL 32086			23 SSE		
		City/State and Zip Code		FS	
Reginasargeant@yahoo.com E-mail address: (to be used for future annual report notification)		ation)	AH IM 54 OF STATE E. FLORIDA		
For further information	concerning this matter, please of	call:		*	
		_			
	V. Sargeant, Esquire	at (904) 8 Area Code & Daytime	25-8423		
Name	or reison	Area Code & Daytime	relephone (vumber		
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)	Certified C	of Status &	
	LING ADDRESS:	STREET/COURIE	R ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee. FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12	3 San Marco	Avenue, LLO	2		.	
(Name of the Limited	d Liability Compa A Florida Limited	iny as it now appea Liability Company)	rs on our records.)			
The Articles of Organization for this Limited L	Liability Company	were filed on	10/01/07	an	d assign	iec
Florida document number	······································					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name o	of the limited lial	oility company her	<u>re</u> :			
	N/A			 		
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Comp	any," the designation	"LLC" or		revia
Enter new principal offices address, if appli	cable:	N/A		<u> </u>		1
(Principal office address MUST BE A STREET ADDRESS)				NATE AND THE PROPERTY OF THE P	23	- Burne
				<u> </u>	3	[T]
Enter new mailing address, if applicable:		N/A		STATE STATE	2€	
(Mailing address MAY BE A POST OFFICE BOX)				D		
B. If amending the registered agent and registered agent and/or the new registered of	_		our records, <u>ente</u> l	r the nas	ne of t	he ne
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
		Er	nter Florida street a	ddress		
			, 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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANGELA LEDUC	121 Creekside Drive St. Augustine, FL 32086	✓ Add ☐ Remove
<u> </u>			D Domovo
			Add Remove
			A STATE OF THE PROPERTY OF THE
			23 En Remove
			Add Remove
D. If ar		ser change(s) here: (Attach additional sheets, if	
	N/A		
			
Dated	September 20	$\frac{2011}{2}$	
	Signature of	appember or authorized representative of a member	
	Signature of	HENRY N. LEDUC	
		Typed or printed name of signee	···

Page 2 of 2

Filing Fee: \$25.00