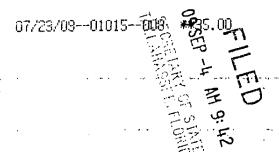
## L0700003985

•		
(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:		
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S. HAWKES TO THE SEP 0.8 2009. TO EXAMINER

S. HAWKES

JUL 2 4 2009

EXAMINER





July 24, 2009

HENRY COSTA 210 SW 107 AVE MIAMI, FL 33174

SUBJECT: ARTURO GARCIA LLC Ref. Number: L07000103985

We have received your document for ARTURO GARCIA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 909A00025561

Suzanne Hawkes Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Arturo Garcia (Lability Company)  Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Henry Costa Name of Person		
Firm/Company		
210 SW 107 ave Address		
Moamu FL 33/2C City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Henry Osta at (305) 227-7289  Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$30.00 Filing Fee & Status \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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 TO ARTICLES OF ORGANIZATION OF

bility Company as it now appears on our records.)

(Territorial Ellimon Ellionity Company)		
The Articles of Organization for this Limited Liability Company were filed on/6/2		
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 "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	620 East 4857 Hialoah FL 33013	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	620 East 4854 Hralcah FC 33013	
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:	ture Garcia	
New Registered Office Address: 620	Enter Florida street address	
Hraloa	City , Florida 33013 Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	·	

Page 1 of 2

If Changing Registered Agent, Signature of New 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.

ntling the Managers or Managing Members on our records, enter the title, name, and address of each Manager aging Member being added or removed from our records: = Manager MGRM = Managing Member **Title** Name <u>Address</u> Type of Action ☐ Add Remove Add Remove Add ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 08-20-2009 Signature of a member of authorized representative of a member

President
Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00