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S. HAWKES
AUG 2 6 2010
EXAMINER

COVER LETTER

ŢO;	Registration S Division of Co	ection , rporations				
SUBJ	Lara Family LLC					
	Name of Limited Liability Company					
The er	nclosed Articles of	Amendment and fee(s) are sub	bmitted for filing.			
Please	return all corresp	ondence concerning this matter	r to the following:			
·			Ramon A. Sanchez Name of Person			
, . Sa		Sai	nchez-Lara Family LLC			
 			Firm/Company			
9			108 Lake Fischer Blvd. Address			
			Gotha, FL 34734 City/State and Zip Code			
		bravo	oedgewater@yahoo.com to be used for future annual report notification)			
For fu	rther information	E-mail address: () concerning this matter, please c	Comment of the commen			
	Ram	non A. Sanchez	at (407) 253-2227			
	Name	of Person	Area Code & Daytime Telephone Number			
Enclos	sed is a check for t	the following amount:				
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	:d)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations Box 6327	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

Sanchez-Lara	a Family LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	i <mark>ny as it now appear</mark> Liability Company)	s on our records.			
The Articles of Organization for this Limited Liability Company Florida document number107000111864	were filed on	11-05-2007	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :	10 AL		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	ny," the designation "l	General Control of the Control of th		
Enter new principal offices address, if applicable:			可見 元 回		
(Principal office address MUST BE A STREET ADDRESS)			II. 21		
Enter new mailing address, if applicable:		1			
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on o e:	ur records, <u>enter (</u>	the name of the nev		
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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR'= Manager

MGRM = Managing Member

Title <u>Name</u> **Address Type of Action MGRM** Angela M. Sanchez 9108 Lake Fischer Blvd. Gotha, FL 34734 ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 16 2010 Dated _ Signature of a member or authorized representative of a member Ramon A. Sanchez Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00