## L07000119598

(Requestor's Name)				
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL.		
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(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer			
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Office Use Only



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10 APR 29 PH I2: 46
SECRETARY OF STATE

N. 8-48-4 APR 3 0 2010

## **COVER LETTER**

TO: Registration Section Division of Corporations	Ma
SUBJECT: Condo Num	e of Lipsited Liability Company
The enclosed Articles of Amendment and fee(	s) are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
erie er Kaz	Name of Person
_ Con	do lsicms XXC
116 T.	usta Tenace Court
)es	City/State and Zip Code
Kalti	address: (to be used for future annual report notification)
For further information concerning this matter	please call:
Kathe Warerick	at (850 217-3792 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fo	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Mat. A. J. State of the state o

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT **ARTICLES OF ORGANIZATION**

_	OF	' 'LED
	~ 101m	10 APR 29 PM 12: 46
Condo Nesego	us)XXX	St. Co. 1 12: 46
(Name of the Limited Lis	ability Company as it now appears orida Limited Liability Company)	on our records AHASSEE, FLORIDA
U		OU. 303007 and assigned
The Articles of Organization for this Limited Liabi	ility Company were filed on	00.3007 and assigned
Florida document number $\underline{LD700077}$	<u>.45</u> 48	
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here	•
Condo & Home	e Nosiana	EC.
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Compan	y," the designation "LLC" or the abbreviation
L.L.C.	V	
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
·		
Enter new mailing address, if applicable:	e	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or		ur records, enter the name of the new
registered agent and/or the new registered office	e aduress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Ente	er Florida street address
_		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Reg	istered 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 = i	MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action		
			Add		
			Remove		
			Add Remove		
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<del></del>			Add Remove		
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			AddRemove		
D. If amen		ge(s) here: (Attach additional sheets, if necess	sary.)		
			FIL 10 APR 29 SECKETARY FALLAMASSE		
Dated	pil 27. 20	210	FILED 29 PM 12: 46 ARY OF STATE ASSEEL FLORIDA		
	Signature of a member	er or authorized representative of a member			
	Турес	d or printed name of signee			

Page 2 of 2
Filing Fee: \$25.00