1080000003045

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
·				





900122283689

04/07/08--01030--008 **30.00

PILTED STATENS
SECRETARY OF STATENS
ON APR -7 AH 10: 31

J. BRYAN

APR - 8 2008

EXAMINER

COVER LETTER

TO: Registration Section ' Division of Corporations	
SUBJECT: Tatimar LLC (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:	
Joseph A. Sorce, Esq. (Name of Person)	
Joseph A. Sorce & Associates 7A (Firm/Company)	
Joseph A. Sorce & Associates PA (Firm/Company) 3211 Ponce de Leon Blud., Ste. 200 (Address)	
Casal Cables Flagille 33134	,
(City/State and Zip Code)	r S
(City/State and Zip Code) For further information concerning this matter, please call:	FI
Toseph A. Sorce at (305) 443-3251 (Name of Person) (Area Code & Daytime Telephone Number)	YOU STA
(Name of Forson)	部
Enclosed is a check for the following amount:	
Substituting Fee & Status Substitution Fee & Certificate of Status Substitution Fee & Certificate of Status Substitution Fee & Certificate Opy (additional copy is enclosed) Substitution Fee & Certificate Opy (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



A. If amending name, enter the new name of the limited liability company here:

This amendment is submitted to amend the following:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:		
New Registered Office Address:		
	(Enter Flo	orida 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, 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>	<u>Address</u>	Type of Action
MGR	Jose R. Monteiro	APT 206 Miramar, FL 33025	Add Remove
MGR	Joon Ho Park	2120 Wost Preserve Way APT 200 Misamar, FL 33015	Add Remove
			Add Remove
D. If an	nending any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
			SECRETARY OF CORE
Dated _	April 3 , 200	4.5	AH IO: 31
	Signature of a niember	refrauthorized representative of a member Seph A · Socce Tor printed name of signee	

Page 2 of 2

Filing Fee: \$25.00