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(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
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Certified Copies Certificates of Status							
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SECRETARY OF SAIL

S. HAWKES

MAY 2 9 2009

EXAMINER

COVER LETTER

	ation Section of Corporations			
	_			
SUBJECT:	ORLANDO	KOWAL	- STORE, LLC	_
	•	(Name of Limite	d Liability Company)	
The enclosed Ar	ticles of Amendment a	nd fee(s) are submi	itted for filing.	
Please return all	correspondence conce	ning this matter to	the following:	
	•	_		
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	[11]	ARK C	KALEY	
			(Name of Ferson)	
	7	100-17	PIN THE PICA T	
	<u></u>	APPLE CO	NSULTING USA I (Firm/Company)	
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	2101	IDEST ST	ATTE POATS 434	Suite 100
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,		(Marcallino	traffic Chicar	
,	Low	6WOOD,	FL 327 City/State and Zip Code)	79
1	and the second	(0	City/State and Zip Code)	14.4 4 1000 1000
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For further infor	mation concerning this	matter, please call	in Court je	
MAR	k Karey		at (407) 884 - 04	49
	(Name of Person) ! * :	Still to	(Area Code & Daytime	Telephone Number)
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/	2.101	J. Start St.	(additional copy is enclosed)	Certified Copy
			1 1	(additional copy is enclosed)
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	MAILING ADDRE	SS:	STREET/COURIE	R ADDRESS:
	Danishman Castion		Designation Section	

Registration Section
Division of Corporations (1987)
P.O. Box 6327

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Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL/32301 /

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April 10 Carlos Santon

Contractions

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6 ORLAN	DO RED	MAL ST	ORE L	-L C		ŕ	
(Name of the Limited I (A F	iability Company Iorida Limited Lia	as it now app bility Compan	ears on our i	ecords.)			
The Articles of Organization for this Limited Lia		$\cdot \cdot :$	1/28/	08	and as	signed	
Florida document number L 080000	<u> </u>				15. 39		
	,	• •		į	超等		
This amendment is submitted to amend the follow	ving:				記る)	
A. If amending name, enter the new name of t	<u>he limited liabil</u>	ity company l	<u>here</u> :		TAGE !		
	:	•	13		and Co	7	
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Cor	npany," the de	esignation "l	LC" or the	abbreviation	
Enter new principal offices address, if applical	ole:	2101	WEST	STATE	ROAD	434	
(Principal office address MUST BE A STREET	ADDRESS)	Swin	2 100				
		Low	d com	FL	327	79	
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Enter new mailing address, if applicable:			s.Above	.)		_	
(Mailing address MAY BE A POST OFFICE B	<u>0X</u>)	. (-		· .	
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B. If amending the registered agent and/or	registered offic	ce address o	n our recor	ds, <u>enter 1</u>	he name	of the new	
registered agent and/or the new registered offi	<u>ce address here:</u>					· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:	MARK	C. KAI	LEY				
New Registered Office Address:	201 W	EST STAF	·			UE 100	
	ı		(Enter Florid	da street ad	dress)	40	
	LONGU	, 1 102 10a			32774		
		(City)			(Zip Cod	de)	
Now Registered Agent's Signature if changing De	mictored Amonte						

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)

Page 1 of 2

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 Name. <u>Address</u> Type of Action D WOKIVA SPRING LOAD Add 🦳 Remove 2101 WEST STATE RO Add Remove 2161 WEST STATE RD 434 Add Remove] **~** Remove 2 Ņ D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MARCH Dated

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00

Signature of a member of guthorized representative of a member

JABLON