L08000010394

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8 JUN 18 AN II: 45 SECRETARY OF STATE ALLAHASSEE, FLORIDA

T. HAMPTON

JUN 1 9 2008

EXAMINER

COVER LETTER

Division of Corporatio	ns		
SUBJECT: MOC	O – MOO (Name of Lim	LLC (DOCUM	IENT: L080000103
The enclosed Articles of Amenda	ment and fee(s) are sub	mitted for filing.	
Please return all correspondence	concerning this matter	to the following:	
	Ta tiana	Ander son (Name of Person)	
		(Firm/Company)	
	47770	Burmon + A	Rd
	Punta	Burnon 7 (Address) Gorda FL (City/State and Zip Code)	33 982
For further information concerning	ng this matter, please c	all:	
Tatiana (Name of Person	Andreso.	1 (954 993-3) (Area Code & Daytime	Telephone Number)
Enclosed is a check for the follow	ving amount:		
□ \$25,00 Filing Fee	0.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

111

7100 7400 LLC	Commence of any magazine
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) imited Liability Company)
	ompany were filed on January 29 Land assigned
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limite	ted liability company here:
The new name must be distinguishable and end with the words "L.L.C."	ds "Limited Liability Company," the designation "LLC" or the abbreviati
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	ESS) AND DE TI
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ILED 18 MII: 45 SSEE, FLORIDA
B. If amending the registered agent and/or register registered agent and/or the new registered office address	ered office address on our records, <u>enter the name of the neess here</u> :
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	d Agent:

(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.

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> Name **Type of Action** Kim ALberto Remove Remove □ Add ☐ Remove **∫** Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 06/16/08 Signature of a member or authorized representative of a member Tatiana

Page 2 of 2

Filing Fee: \$25.00