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(Re	questor's Name)	
(Add	dress)	
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EXAMINER



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08 APR -9 PM 2: 3

SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corpora	
SUBJECT: The Ortolan	o Team
	(Name of Limited Liability Company)
The enclosed Articles of Ame	endment and fee(s) are submitted for filing.
Please return all corresponder	nce concerning this matter to the following:
<u>F</u>	Robert S. Ortolano
	(Name of Person)
<u>T</u>	The Ortolano Team
	(Firm/Company)
7	7518 Deer Path Ln.
_	(Address)
ι	and O'Lakes FL 34637
_	(City/State and Zip Code)
For further information conce	rning this matter, please call:
Robert S. Ortolano	at (813) 385-0876
(Name of Pe	rson) (Area Code & Daytime Telephone Number)
Enclosed is a check for the fo	ellowing amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (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

DIVISION OF CORPORATION 08 APR -9 PM 2: 39

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Ortolano Team			
(<u>Name of the Limited Liabi</u> (A Florid	ility Company as it now appears on our records.) da Limited Liability Company)		
`	• • •		
The Articles of Organization for this Limited Liability	y Company were filed on February 6th, 2008	and assigned	
Florida document number <u>L08000013691</u>	.		
This amendment is submitted to amend the following	t.		
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:		
The new name must be distinguishable and end with the v	words "Limited Liability Company," the designation "L	LC" or the abbreviation	
B. If amending the registered agent and/or reg		ie name of the new	
registered agent and/or the new registered office a	ddress here:		
Name of New Registered Agent:			
New Registered Office Address:	•		
How Registered Office Address.	(Enter Florida street address)		
	. Florida		
	(City)	(Zip Code)	
	- 1		
New Registered Agent's Signature, if changing Registe	ered Agent:		
		*	
I hereby accept the appointment as registered age			
the provisions of all statutes relative to the proper			
accept the obligations of my position as registered being filed to merely reflect a change in the regist			
company has been notified in writing of this chans		nea navnny	

(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>	Address	Type of Action
MGRM	Maryann Ortolano	7518 Deer Path Ln. Land O'Lakes FL 34637	Add Remove
			Add Remove
***************************************			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ing any other information, enter change((s) here: (Attach additional sheets, if necessary.)	
_			

Dated	2008 Robert S Otto Signature of a member of	or authorized representative of a member	
	Typed o	r printed name of signee	***************************************

Page 2 of 2

Filing Fee: \$25.00