LDSDOC	XX32771			
(Requestor's Name) (Address) (Address)	500122700915			
(City/State/Zip/Phone #)				
(Business Entity Name) (Document Number) Certified Copies Certificates of Status				
Special Instructions to Filing Officer: L. SELLERS				
APR 1 4 2008 EXAMINER	7			
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COVER LETTER

TO: Registration Section Division of Corporations

hidd Keal Estate SUBJEC 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:

Russell S Chiodo (Name of Person) (Firm/Company) 19101 Sheldon St (Address) Orlando, FL 32833 (City/State and Zip Code)

For further information concerning this matter, please call:

Kussell Chido at (<u>407</u>) <u>453</u> - 0514 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 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:

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

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This amendment is submitted to amend the following:

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

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

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	N	lame		Address	Type of Act	<u>ion</u>
MGR	<u> </u>	Russell & S. Chio	do	19101 Sheldon St Orlando, FL 32833	Add Add	
					Add Remove	
<u>.</u>					Add Remove	
	<u> </u>				Add Remove	
					Add Remove	
	_ _				Add Remove	
D. If ar	mending a	any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)		
				· · · · · · · · · · · · · · · · · · ·		
					201 S	•
Dated _	Apri	Kristere Signature of a men		r authorized representative of a member	18 APR 11 ECRETARY	FILED
		Kristina M	ped or	Page 2 of 2	PM 1:57 OF STATE E. FILORIDA	Ò

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Filing Fee: \$25.00