# 108000037612

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OCT 1 6 2013

T. BROWN

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: SALAC	Name of Limit	CADEMY and Spoks Ted Liability Company	Raininglic
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Name of Person	
	Saladino	BN3EBAU ACADOM. Firm/Company	<del>)</del>
	3433 Lithia	Pinecrest Road #	328
	Tony @ Sa	Fig. 33596  City/State and Zip Code  (acl Moba, Com o be used for future annual report notificat	ion)
For further information co	oncerning this matter, please co		
Tony Sala Name of	Clino III Person	at (813) 695-335 Area Code & Daytime To	elephone Number
Enclosed is a check for th	e 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)
, or other section of the section of	``		

### 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

TALLAHASSY OF STATE PROPERTY OF THE PROPERTY O

The Articles of Organization for this Limited Liability Company were filed on 04/15/2008 and assigned Florida document number 60800037612

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liab	ility company here	:
NA		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	$n \mid \kappa$	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	nla	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er records, enter the name of the new
Name of New Registered Agent:	n A	
New Registered Office Address:		
	Ente	r Florida 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>Name</u>	Address	ype of Action		
Tony SALADINO 111	3433 Lithia Pinecrest Rand 325	Add		
•	Vallico Fi 33576	Remove		
•				
Donald Scolaro Jr	Zboi Berryvine Place	Add		
	Valrico A 33596	Remove		
•				
		Add		
		Remove		
		Add		
		Remove		
		Add		
		Remove		
		Add		
		Remove		
	Name Tony SALADINO III	Name Address Tony SALADINO III  3433 Lithia Pinecrest Road #328  Vallico Fr 33576  Donald Scolaro Je Zboi Berryvine Place		

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	1/1 ACL 450
ted	OCTOBER 11, 2013.
	Signature of a member or authorized representative of a member
	· · · · · · · · · · · · · · · · · · ·
	Tony Salapino III
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00