L080000049720

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
`					

Office Use Only



500225146295

03/22/12--01024--011 **30.00

FILED
2012 MAR 22 PM 1: 45
SECRETARY OF STATE
AREA SECRETARY OF STATE AREA SEC

J. BRYAN

MAR 2 3 2012

EXAMINER

COVER LETTER

Division of Co	orporations		
SUBJECT:	The G	an Clan, LLC	
30b0EC1		ited Liability Company	
	f Amendment and fee(s) are sul	-	TALLAHASSEE, FLORIC
		Adriana Gandara	SSEE OF PA
	TO SEE		
•		The Gan Clan, LLC	JOKE TO STATE OF THE PARTY OF T
		Firm/Company	
		Address	
	·		
	E-mail address: (agandara1@peoplepc.com to be used for future annual report notifica	ation)
For further information	concerning this matter, please of	eall:	
Adı	riana Gandara	at (305) 8	61-0508
Name of Person		Area Code & Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	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

T	he Gan Clan, LLC		
(<u>Name of the Limited Lial</u> (A Flor	pility Company as it now appears (ida Limited Liability Company)	on our records.	
	• • •		
The Articles of Organization for this Limited Liabili	ity Company were filed on	5/19/2008	and assigned
Florida document numberL08000049720	<u>) </u>		
			12
This amendment is submitted to amend the followin	g:		TALLAHA 22 PALLAHASSELA PALLAHA
A. If amending name, enter the new name of the	limited liability company here		整元
A. It amending name, enter the new name of the	minete nability company nere.		
The new name must be distinguishable and end with the	words "Limited Liability Company	" the decignation	"I I C" or the abbreviation
"L.L.C."	words Limited Liability Company	, the designation	Elector includes to the second
			ABOTE OF
Enter new principal offices address, if applicable	· ·		<u> </u>
(Principal office address MUST BE A STREET A	DDRESS)		
	· 		
Enter new mailing address, if applicable:	· ·		
(Mailing address MAY BE A POST OFFICE BOX			
maning university DD 11 OST OTTICL DO.	<u></u>		
	·		
B. If amending the registered agent and/or r	ogistand office address on our	r records enter	the name of the new
registered agent and/or the new registered office		records, enter	the name of the new
Name of Name Desiration of Assert			
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			
	Enter 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>Title</u>	<u>Name</u>	Address	Type of Action		
MGR_	Gandara, Dagmar V	446 S. LAMER STREET BURBANK CA 91506	Add 7 Remove		
MGR_	Gandara, Robert	19701 WELLS DR. WOODLAND HILLS CA 91364	Add Remove		
			Add Remove		
			Add Remove		
			Remove I		
			Add : Remover		
D. If amen	ding any other information, enter c	hange(s) here: (Attach additional sheets, if necessor	ary.)		
_					
Dated	,		arra		
	Signature of a mg	mber or authorized representative of a member			
	ADRI	Yned or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00