## 8000059460

(Re	equestor's Name)			
- (Address)				
(Ac	idress)			
(Cit	ty/State/Zip/Phone	e #)		
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(Bu	ısiness Entity Nar	me)		
(Document Number)				
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JAN - 9 2009

EXAMINER

## **COVER LETTER**

Division of Corp	orations		
SUBJECT. ANY ME	ANS NECESSARY LLC.	D	
SUBJECT: THE TOTAL	(Name of Limited Liability Company)		
•			
The enclosed Articles of A	mendment and fee(s) are submitted for filing.		
Please return all correspon	dence concerning this matter to the following:		
	CARLOS H. CORVO		
	(Name of Person)		
	ANY MEANS NECESSARY LLC.		
•	(Firm/Company)		
	1085 WEST 66 STREET		
	(Address)		
	HIALEAH, FL 33012	2009 JAN SECRET	. بد. ا
	(City/State and Zip Code)	是	***
For further information con	ncerning this matter, please call:	888 888 888	1
CARLOS H. CORVO	at ( 786 ) 247-3301	PHIO: 45	2
(Name of	ut (	一部。ち	
		- Andrews	

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

**MAILING ADDRESS:** 

□\$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

☑ \$25.00 Filing Fee

TO:

**Registration Section** 

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· ANY MEANS NEC			
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on JUNE 17, 2008	and assigned	
Florida document number L08000059460			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi	ted Liability Company," the designation	n "LLC" or the Bbreviation	
"L.L.C."	: :	TAR LE	
Enter new principal offices address, if applicable:	1085 WEST 66 STREET	PA L	
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH, FL 33012	SEX II	
		- FO 5 - 1	
Enter new mailing address, if applicable:	1085 WEST 66 STREET	芸芸・	
(Mailing address MAY BE A POST OFFICE BOX)	HIALEAH, FL 33012		
B. If amending the registered agent and/or registered of		er the name of the new	
registered agent and/or the new registered office address her	<u>e</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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>i itie</u>	Name	Audress	Type of Action
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			Remove
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D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.	)
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	Signature of a membe	r or authorized representative of a member	······································
		CARLOS H CORVO	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00