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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

APR 1 5 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A & L InterPrises L.L.C. (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:
Andrew Richard (Name of Person)
(Firm/Company) 625 NE 130 Street (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (786 768-8973 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARLT	iter P	rises	L.L.C.	
(Name of the Limited L (A F	iability Company as lorida Limited Liabil	it now appears of ity Company)	on our records.)	
The Articles of Organization for this Limited Liab Florida document number L080006		e filed on <u>2</u>	125/09	and assigned
This amendment is submitted to amend the follow A. If amending name, enter the new name of the	•	company here	L AHA	AND THE
A. If amending name, enter the new name of the	ic innice nability	company nere.	· . · . · . · . · . · . · . · . · . · .	FOR S
The new name must be distinguishable and end with t "L.L.C."	he words "Limited I	Liability Company	," the designation "L	Legishe abbreviation
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET.	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our	records, <u>enter f</u>	ne name of the new
Name of New Registered Agent:	Eni	Rich	ard	
New Registered Office Address:	625 N	£ 130 (Ente	Sheet r Florida street add	lress)
	Men	nī F	, Florida	BB16] (Zip Code)
New Registered Agent's Signature, if changing Re	sistered Agent:	***/		(T

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Title** Address <u>Name</u> Andrew Richard Remove **□** Add 🗖 Remove Add 🗖 Remove _ Add Remove _ Add Remove _ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00