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**EXAMINER** 



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DIVISION OF CORPORATION

## **COVER LETTER**

	ration Section on of Corporations:	
SUBJECT:	COURCIABUS MANAGEMENT, LLC	
	Name of Limited Liability Company	
	rticles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	EFIC STEIN	
	Name of Person	
	Firm/Company	
	210 33 rd Street	
	WEST PALM BEACH, IFC 33407 City/State and Zip Code	
	ELICATEINA HOTMATL. COM E-mail address: (to be used for future annual report notification)	
	E-mail address: (to be used for future annual report notification)	
	mation concerning this matter, please call:	
KP1	2 Sign at (505) 310-0459	
	Name of Person Area Code & Daytime Telephone Number	
finclosed is a ch	eck for the following amount:	
\$25.00 Filing	` ( /	
<b></b>	Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)	
	MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section	
	Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Clother Circle Tallahassee, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COURCIASUS MAN			
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for the Organ	vere filed on <u>7-22-08</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
EAIC STEIN INTERNATION THE new name must be distinguishable and end with the words "Limite	MARKEDNG, LLC.		
The new name must be distinguishable and end with the words "Limite 'L.L.C."	d Liability Company, the designation "LLC	or the abbreviation	
Enter new principal offices address, if applicable:	210 33rd STP	251	
(Principal office address MUST BE A STREET ADDRESS)	210 33rd STP WEST PALM BEAK	11 PL	
·	33407	<u> </u>	
Enter new mailing address, if applicable:		SECRE VISION	
Mailing address MAY BE A POST OFFICE BOX)		7AF 0F 28	
·		2 200 T	
B. If amending the registered agent and/or registered office			
registered agent and/or the new registered office address here:		<b>S</b> E(1)	
Name of New Registered Agent:			
New Registered Office Address:		····	
	Enter Florida street address		
<del></del>	, Florida	Zip Code	
	City	ир Соае	

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

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MRGM	SAMPLA GELACI KASZAK	7568 GNSAS OAK JAILE LAVE WORTH, FL 33467	Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	
	12122   20		_ _
Dated	12/22/09		
	EPIC S	ed or printed name of signee	

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Filing Fee: \$25.00