08000080419

	(Requestor's Name)			
	(Address)			
	(Address)			
-	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
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EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 8, 2008

ANTHONY RICCIARDO P.O. BOX 721171 ORLANDO, FL 32872

SUBJECT: THE GASKET GUY OF ORLANDO, LLC

Ref. Number: L08000080419

We have received your document for THE GASKET GUY OF ORLANDO, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 608A00059503

COVER LETTER

Division of Cor	porations			
SURJECT: The Ga	sket Guy Of Orland	o, L.L.C.		
Sougher,				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Anthony Ricciardo			
		(Name of Person)	, , , , , , , , , , , , , , , , , , , 	
	The Gasket Guy Of Orla	ndo, L.L.C.		
		(Firm/Company)		
	PO BOX 721171			
		(Address)	TS 200	
	Orlando, FL, 32872		ECRI GOE	u-Wis.) *
		(City/State and Zip Code)	2000 DEC 16 SECRETARY TALLAHASSI	Tanasa P
For further information co	oncerning this matter, please c	all:		Super Control
			AH 10: 38	ť.
Anthony Ricciardo (Name o	of Person)	at (407) 758-3854 (Area Code & Daytime T	Telephone Number) $\frac{700}{500}$ $\frac{1}{200}$	
· ·	•	,		
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)	

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

TO:

Registration Section

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

The Gasket Guy Of Orlando, L.L.C.	
(<u>Name of the Limited Liability Company as it now at</u> (A Florida Limited Liability Compa	opears on our records.) nny)
The Articles of Organization for this Limited Liability Company were filed on Florida document number L08000080419	08/21/2008 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	y here:
The new name must be distinguishable and end with the words "Limited Liability C"L.L.C."	
Enter new principal offices address, if applicable:	TALLA III
(Principal office address MUST BE A STREET ADDRESS)	TE ITI
*	SS 16 1
	AM 10:
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	75 S
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the new
registered agent and/or the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	(Enter Florida street address)
	, Florida
(City)	(7in 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	<u>T</u>	ype of Ac	<u>tion</u>
	Kimberly Ricciardo MGRM	3239 Curry Woods Cir Orlando, Fl 32822		Add Remove	
				Add Remove	
				Add Remove	
			IRY OF SIME A	Add Remove	Cabalana a salaharan a salahar
	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary	<i>'.)</i> ——		
Dated Novemb	per 28 2008				
	Signature of a member of	or authorized representative of a member			

Page 2 of 2

Filing Fee: \$25.00