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EXAMINER



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COVER LETTER

TO:	Registration Se Division of Cor		ì		·		
CHDII	·	NELORE OF	WINTER PARK LL	-C			
SUBJI	EC1:		ted Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		P	RISCILLA BARBOSA				
			Name of Person	•			
	ACCOUNT BOOKKEEPING CORP						
			Firm/Company				
		5950 LA	KEHURST DRIVE ST	ΓE 246	•		
			Address				
	ORLANDO, FL 32819						
	City/State and Zip Code						
		IN	FO@ABKCORP.CON to be used for future annual repo	1			
5 0			•	ort normeanor	.,		
For fur	ther information c	oncerning this matter, please o	call:				
	PRISC	ILLA BARBOSA	at (407)	898	-1757		
	Name o	f Person	Area Code &	Daytime Tele	ephone Number		
Enclos	ed is a check for th	ne following amount:					
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	nclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is encl	osed)	

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 OF

NELORE OF WI	INTER PARK LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	!
The Articles of Organization for this Limited Liability Comparting Horida document numberL08000098425		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the designatio	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		COSE TRANS
Enter new mailing address, if applicable:	115 E LYMAN AVE	
(Mailing address MAY BE A POST OFFICE BOX)	WINTER PARK, FL 32789 L	
maning united MATT BEATTON OF THE BOX	***************************************	- Pri
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:		
	Tilauida	
	, Florida	Zip Code
		Lip Couc

New Registered Agent's Signature, if changing Registered Agent:

in the second

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 **Type of Action Address** <u>Title</u> <u>Name</u> **NELSON RAMOS JUNIOR** MGR 115 E LYMAN AVE WINTER PARK, FL 32789 US Remove LUCIANO MEDEIROS SILVA MGR 115 E LYMAN AVE Remove WINTER PARK FL 32789 US Add 🔲 □ Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 08-08-11 Signature of a member or authorized representative of a member Nelson Kamos Junior Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00