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	(Requestor's Name)
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	(Address)
	(City/State/Zip/Phone #)
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PiČK-UF	WAIT MAIL
	(Business Entity Name)
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	(Document Number)
Certified Copies	Certificates of Status
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Special Instructions	to Filing Officer:
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Office Use Only



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EXAMINER

## **COVER LETTER**

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TO: Registration Section Division of Corporation	tion				
SUBJECT:	(Name of Limit	Mie Loite ded Liability Company)	es uc	<del></del>	
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
	T	(Name of Person)	tes_		
		(Firm/Company)			
	<u> 34800</u>	Hollybriet (Address)	- la		
	Bonita	SONGS (City/State and Zip Code)	FL. 34	134	
For further information cor	ncerning this matter, please ca	11:			
(Name of	Die Leates Person)	at (Area Code	A V C	2009 FEB -6 SECRETARY TALL Number	AND PARTY OF THE P
Enclosed is a check for the	following amount:	,			The state of the s
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is	enclosed) C	0.00 Filing Fee	)

### 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

(Name of the Limited Lia	bility Company as it now appears on	our records.)
(A Flo	rida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on 10	and assigned
Florida document number <u>LO 8000 10</u>	1004	•
This amendment is submitted to amend the followir	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
Debra L	aites LLC	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable		
<u>(Principal office address MUST BE A STREET A</u>	DDRESS)	
		2005 FAL
Estancia de distribuita de la constantida del constantida del constantida de la constantida de la constantida de la constantida del constantida de la constantida del constantida de la constantida del constantida de la constantida del constantida del constantida del constantida de la constantida de la constantida del constantida de		55 8
Enter new mailing address, if applicable:		SS 1
<u>(Mailing address MAY BE A POST OFFICE BO)</u>	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:	_	
Traine of New Registered regent.		
New Registered Office Address:	(Enter )	Florida street address)
	·	, Florida
_	(City)	(Zip Code)
Navy Dogistared Agent's Signature if shanging Degi	stand Avents	

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>e</u> .	<u>Name</u>	Address	Type of Action
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			Add Remove
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lf amen	ding any other information, enter cha	inge(s) here: (Attach additional sheets, if nece	essary.)
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Page 2 of 2

Filing Fee: \$25.00