L08000/02/82

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
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(Document Number)				
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J. BRYAN
MAY 18 2010
EXAMINER

COVER LETTER

TO:

TO: Registration S Division of Co			
SUBJECT:	С	HOCASO	
SOBSECT:		ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
	Name of Person		20 6 m
	Chocaso		
	Firm/Company		
	PO Box 20541		
		Address	A 17 PH 3: 37
		Tampa, Florida 33622	
		City/State and Zip Code	*
•	rle E-mail address: (onams@tampadsl.net to be used for future annual report notifica	tion)
For further information	concerning this matter, please	call:	
	Roberto Leon	****	68 5738
Name	Name of Person Area Code & Daytime Telephone Num		'elephone Number
Enclosed is a check for	the 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		STREET/COURIEI Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Choc			_
(<u>Name of the Limite</u>)	I <u>Liability Compar</u> A Florida Limited L	y as it now appears iability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company were filed on10/30/2008				and assigned
lorida document numberL08000102182				題畫型
This amendment is submitted to amend the fol	lowing:			TO TO
A. If amending name, enter the new name of	of the limited liab	ility company here	<u>2</u> :	and assigned
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Compar	ny," the designation "I	
Enter new principal offices address, if applicable:		3214 W Tamp	a Bay Blvd	
(Principal office address MUST BE A STREET ADDRESS)		Tampa, Florida 33607		
				· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		PO Box 20541		
(Mailing address MAY BE A POST OFFICE BOX)		Tampa, Florida 33622		
B. If amending the registered agent and registered agent and/or the new registered of			ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	Roberto Leon			
New Registered Office Address:	3214 W Tampa Bay Blvd			
	Enter Florida street address			ress
		Tampa	, Florida	33607
		City		Zip 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

Page 1 of 2

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>	<u>Address</u>	Type of Action
MGR	Richard Del Rio	4212 N. 14th St Tampa, Florida 33603	Add Remove
			Add Remove
	.		Add Remove
-			Add Remove
			Add Remove
	<u> </u>		Add Remove
D. If ar		n, enter change(s) here: (Attach additional she Address 3214 W. Tampa Bay Blvd. T	ampa, Florida
	33607.		3: 31 FLORIO
Dated _	May 13	. 2010	
	Signati	are of a member of authorized representative of a m	nember
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00