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(Cit	ty/State/Zip/Phone	e #)	
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☐ PICK-UP	WAIT	MAIL	
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Certified Copies	_ Certificates	of Status	
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Special Instructions to	Filing Officer:		
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SECRETARY OF STATIONAL TALLAHASSEE FI ONE

S. HAWKES

MAR 2 3 2010

EXAMINER

COVER LETTER

Division of Corporations				
SUBJECT:	ALMONE	O AVENUE, LLC		
		ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
,				
		TERRY PAPPY		
		Name of Person		
	AL	MOND AVENUE, LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		
	16	78 ALMOND AVENUE		
		Address		
	(ORLANDO, FL 32814		
		City/State and Zip Code	• • • • • • • • • • • • • • • • • • • •	
	TE	RRY@TPAPPY.COM to be used for future annual report notifications	-dian's	
Fan 6 -41 i- 6 i			ation)	
ror turther information (concerning this matter, please of	can;		
	RRY PAPPY	at (96-4088	
Name o	of Person	Area Code & Daytime	Telephone Number	
Enclosed is a check for (the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

TO:

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

ALMOND AV	'ENUE, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.		
	ラー ラー T		
The Articles of Organization for this Limited Liability Company	were filed on NOVEMBER 19, 2008, and assigned		
Florida document number L08000107581	SEE O		
 	HS. F.		
This amendment is submitted to amend the following:	PH 4: 18 SEE, FLORIE		
•	P S		
A. If amending name, enter the new name of the limited liab	ility company here:		
BETTER:	<u> </u>		
The new name must be distinguishable and end with the words "Limit"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	1678 ALMOND AVENUE		
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32814		
Enter new mailing address, if applicable:	POBOX 141458		
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32814-1458		
B. If amending the registered agent and/or registered of	fice address on our records, enter the name of the new		
registered agent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	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

If amending hie 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>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
······································			#Add #Bemove
			SET FINANCE
			ORIO A
		<u> </u>	Add Remove
			Add
			Add Remove
D. If ameno	ding any other information,	enter change(s) here: (Attach additional	sheets, if necessary.)
Dated	MARCH 18		
	Cimatu	of a member or authorized representative of	PS
	Signature	TERRY L. PAPPY	a memoer
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00