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C. LEWIS

MAY 27 2010

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: MRT i SANS PESCARCH DEURLOPMENT  Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
GAANDAS K. Khoe					
ARTIS Ans Russman Davidopment					
19041 CHISTHE HURST DR					
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
MICHAELD LYDCH at 813 956-9212  Name 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 \$55.00 Filing Fee \$Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)					

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

FILED

	OF		DH 19: 49
Λ		D 0101 - 0 2010 MA	Y 26 TITE
HVTISANS	esearch	DEVELOPMENTL	ENGY OF FLORIDA
( <u>Name of the Limited Liab</u> (A Flori	da Limited Liability	Company) ALLA	HASSECT
The Articles of Organization for this Limited Liability	y Company were fi	Development L now appears on our records PLLA Company) ALLA	and assigned
Florida document number L08000 1078	<u>1 7</u> .		
•			
This amendment is submitted to amend the following	<b>;</b> :		
A. If amending name, enter the new name of the	limited liability co	mnany hara	
	innica nability co	mpany ucic.	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liab	vility Company," the designation "Ll	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	DDRESS)		
•			
	<del></del>	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
municipal municipal management between the ma	<u></u>		
•	·		
B. If amending the registered agent and/or re	gistered office ad	dress on our records, enter th	e name of the new
registered agent and/or the new registered office a		, <u></u>	
Name of New Registered Agent:	. <del></del>		
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 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> Name **Type of Action** MGR Michael & Lypu Holeb Windson Place 0 ☐ Add Remove ☐ Add Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee