## 109000008869

(Requ	iestor's Name)	)			
(Addr	ess)				
. (Addr	ess)				
(City/s	State/Zip/Phon	ne #)			
PICK-UP	☐ WAIT	MAIL			
(Busir	ness Entity Na	me)			
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Fil	ing Officer.				

Office Use Only



100214242121

11/14/11--01036--018 \*\*50.00

FILED

NOV IL ANII: 55

SECRETARY OF STATE

J. BRYAN
NOV 1 5 2011
EXAMINER

## **COVER LETTER**

TO:

TO:	Registration S Division of Co			
SUBJECT: ISTANA M			MARKETING LLC	
SODUL	,	Name of Lim	ited Liability Company	·····
The end	closed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please	return all corresp	ondence concerning this matter	r to the following:	
			Gabriel Chee	
			Firm/Company	29 B
PO Box 46517			MOUL MII: 58 CORTARY OF STATE	
			Address	ASSOCIATION OF THE PROPERTY OF
			Tampa FL 33646	
			City/State and Zip Code	70 =
		G/	AB328@YAHOO.COM to be used for future annual report notifies	<b>3</b>
For fur	ther information	e-man address: ( concerning this matter, please (		nion) 75
		Sabriel Chee	ai (	95-4470
	Nume	of Person	Area Code & Daytime	Telephone Number
Enclose	ed is a check for t	the following amount:		
<b>₹</b> \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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		ration Section on of Corporations Box 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ISTANA MARKETING LLC

ELED SE

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L.	iability Company were	filed on0	1/28/2009	and assigned	
Florida document numberL0900008					
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liability c	ompany here:			
The new name must be distinguishable and end wit "L.L.C."	th the words "Limited Lia	ability Company." t	he designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		4852 TRINIDAD DR			
(Principal office address MUST BE A STREET ADDRESS)		ND O LAKES,	FL 34639		
Enter new mailing address, if applicable:	<del>-1</del>				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>				
B. If amending the registered agent and/registered agent and/or the new registered of	_	ddress on our r	ecords, <u>enter tl</u>	ne name of the new	
Name of New Registered Agent:	GABRIEL CHEE				
New Registered Office Address:	4852 TRINIDAD DR  Enter Florida street address				
	<del></del>				
	LAND O		Florida	34639 Zip Code	
	٠,,			1	

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. Thereby 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 <u>Title</u> Name Address **MGRM** GABRIEL CHEE 4852 TRINIDAD DR Add Remove LAND O LAKES, FL 34639 ∐ Add Remove □ Add ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 11/09 2011 Dated \_\_\_\_\_ Signature of a member or authorized representati GABRIEL CHEE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00