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MAR 2 3 2009

EXAMINER



300145913063

03/20/09--01018--022 **25.00

09 MAR 20 PM 2: 20

COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT:	asa Latino-Ro (Name of Limi	ocy Creek LLC	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
•	Jo	OSEPH La Rosa Name of Person)	
	(asa Latino (Firm/Company)	
	1420 Cele	bration Blvd., Suite	
	Celebr	ation, FL 34747 (City/State and Zip Code)	
For further information co	ncerning this matter, please ca	all:	
Joseph La	Rosa (Person)	at (<u>321)</u> 939-374 (Area Code & Daytime T	elephone Number)
Enclosed is a check for the	e 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



09 MAR 20 PM 2: 20

	O1	20 111 5. 50	
(Name of the Limited Liab (A Flori	ility Company as it how appears da Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability	y Company were filed onFe	bruan, 9, 2009 and assigned	
Florida document number <u>L09000130</u>)8 <u>0</u>		
This amendment is submitted to amend the following	3:		
A. If amending name, enter the new name of the	limited liability company here	:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compan	y," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
induing dudiess MAT BE A FOST OFFICE BOA			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ar records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	(City)	, Florida (Zip Code)	
	(Ciiy)	(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 = Managor MGRM = Managing Member Type of Action Title Name Address Joseph LaRoss MGR 1420 Celebration Blud, Suite 100 Celebration, F. 34747 Remove PPY 🗇 Remove ____Add ☐ Remove Add Remave □ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March Dated _ or authorized representative of a member

Page 2 of 2

Types or printed name of signee

Filing Fee: \$25.00