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SECRETARY OF STATE

D. BRUCE

FEB 23 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section
SUBJECT: 50NZALL AND FIDS LLC (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:
MARIA Sciuto (Name of Person)
GONZALEZ AND FDSLLC (Firm/Company)
3927 TOWNShip SQUARE BLVD APTISI
ORIANDO FL 32837 (City/State and Zip Code)
For further information concerning this matter, please call:
MARIA SCIUTO at (407) 516 8196 ATT Name of Person)  (Name of Person)  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:  \$\sum_{\text{S25.00 Filing Fee}} \text{\$\sum_{\text{S30.00 Filing Fee}}^{\text{S30.00 Filing Fee}} \text{\$\sum_{\text{S55.00 Filing Fee}}^{\text{S60.00 Filing Fee}} \text{\$\sum_{\text{Certificate of Status}}^{\text{S40.00 Filing Fee}} \text{\$\sum_{\text{Certificate of Status}}^{\text{S40.00 Filing Fee}} \text{\$\sum_{\text{Certified Copy}}^{\text{Certified Copy}} \text{\$\text{(additional copy is enclosed)}} \text{\$\text{Certified Copy}} \text{\$\text{(additional copy is enclosed)}} \$\text{(

### 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

GONZALEZ F	4 MD 4	ag Car	LLC		
(Name of the Limited L (A F	<b>Liability Company</b> Florida Limited Lia	y as it now appear ability Company)	rs on our records.)		
The Articles of Organization for this Limited Lia Florida document number	bility Company v <u>) 132</u> 34	were filed on <u></u>	77109/20	209 and assigned	
This amendment is submitted to amend the follow	ving:	•			
A. If amending name, enter the new name of t	the limited liabil	lity company her	<u>·e</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Compa	nny," the designation	"LLC" or the abbreviation	on
Enter new principal offices address, if applical (Principal office address MUST BE A STREET		3927 BLVD 2ip (3	- town 02120 32837)	Aprilasiy	ida ida
Enter new mailing address, if applicable:				B 21 TAR ASS	
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>			PH 4: 2	
B. If amending the registered agent and/or registered agent and/or the new registered offi			our records, <u>enter</u>	The name of the ne	<u>:</u> <b>W</b>
Name of New Registered Agent:  New Registered Office Address:	MAR 392=	in So	<u>ciut</u> c Nshir	) Squar	E
	ORIAL	(E) (City)	nter Florida street d	address) 32837 (Zip Code)	ART 1514
New Registered Agent's Signature, if changing Re	egistered 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 dures, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 108, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, liftereby 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 **Title** <u>Name</u> **Address Type of Action** MARCIANELA GONZALEZ LOL Add Remove ☐ Add Remove **☐** Add Remove ☐ Add Remove Remove ┌ Add 🛅 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 17th OF Februa of a member or authorized representative of a member MARIANE/A GOLYZALEZ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00