

LD9000037143

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. G. G. G. G.

MAR 24 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COVILU INVESTMENTS FLORIDA 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:

CORA E. GARCIA

Name of Person

COVILU INVESTMENTS FLORIDA LLC%

Firm/Company

3009 SIESTA VIEW DR

Address

KISSIMMEE, FL, 34744

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CORA E. GARCIA

Name of Person

at (**58**)

414-132-1635

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,
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

FILED
10 MAR 23 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVILU INVESTMENTS FLORIDA LLC

(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 Liability Company were filed on APR 17, 2009 and assigned
Florida document number L09000037143.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3009 SIESTA VIEW DR

KISSIMMEE, FL, 34744

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3009 SIESTA VIEW DR

KISSIMMEE, FL, 34744

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SAME

New Registered Office Address:

3009 SIESTA VIEW DR

Enter Florida street address

KISSIMMEE

, Florida

34744

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.

n/a

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CORA E. GARCIA	3009 SIESTA VIEW DR	<input checked="" type="checkbox"/> Add
		3009 SIESTA VIEW DR	<input type="checkbox"/> Remove
		KISSIMMEE, FL, 34744	
MGRM	CORA E. GARCIA	1679 BUCKEYE FALLS WAY	<input type="checkbox"/> Add
		KISSIMMEE, FL, 34744	<input checked="" type="checkbox"/> Remove
MGR	VICTORIANO J GARCIA S	1679 BUCKEYE FALLS WAY	<input type="checkbox"/> Add
		KISSIMMEE, FL, 34744	<input checked="" type="checkbox"/> Remove
MGRM	CORA A. DUARTE	1679 BUCKEYE FALLS WAY	<input type="checkbox"/> Add
		KISSIMMEE, FL, 34744	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

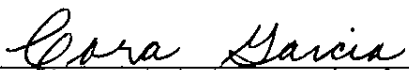
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ARTICLE III - Real Estate

interest in partnership as follows: Cora E. Garcia 33.33%

Luisa A. Garcia 33.33% Victoriano Garcia 33.33%

Dated March 2nd, 2010



Signature of a member or authorized representative of a member

Cora E. Garcia

Typed or printed name of signee

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Filing Fee: \$25.00

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