12900038928

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

G. MCLEOD

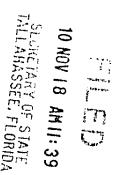
NOV 19 2010

EXAMINER



800187741928

11/18/10--01016--003 **25.00



COVER LETTER

Division of Corporations							
SUBJECT: ST. TAD	DEO JUDAS, LLC.						
		ited Liability Company)					
•							
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
		JAY PHILLIP PARKER					
		(Name of Person)					
	JAY PHILLIP PARKER, P.A.						
		(Firm/Company)					
	1691 MI	CHIGAN AVENUE, SUITE 320					
		(Address)					
•	MIAMI BEACH, FL 33139						
		(City/State and Zip Code)					
For further information of	concerning this matter, please c	all:					
JAY PHILLIP PARKER		at (305) 695-2699					
(Name of Person)		(Area Code & Daytime T	'elephone Number)				
Enclosed is a check for t	he following amount:						
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

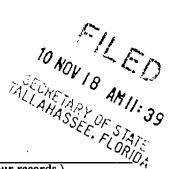
TO:

Registration Section

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



ST. TADEO JUDAS, 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 Compa	nny were filed on 04/22/200	and assigned
Florida document number L09000038928	.		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited li	ability company here:	
N/A			
The new name must be distinguishable and end w 'L.L.C."	ith the words "Li	imited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if appli	icable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		(Enter Flo	rida 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 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
MGRM_	Lorena Gontijo Bernardes	666. 71ST STREET MIAMI BEACH FL 33141	Add Remove
			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.)	_
			_ _
Dated NOVEMBE	≣R 17 . 2010		- ·
Daleu HOVEINDE	JaBerrarde	r authorized representative of a member	
	TATIAN Typed or	NA G. BERNARDES printed name of signee	

Page 2 of 2

Filing Fee: \$25.00