(Requestor's Name)		
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(Business Entity Name)	07/24/0301008015 **25.00	
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EXAMINER

COVER LETTER

TO: Registration So Division of Cor	ection porations		
SUBJECT: <u>CU</u>	UKE PROCE	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LASIO 1	Name of Person	
		Firm/Company	
	7302. Pinet	iurst drive	SECR TALLA
	Baynton be Pocokyn730	Address OCH F1. 33424 City/State and Zip Code O YA HOO. COM	THE TARY OF STATE AHASSEE, FLORIO
For further information of	E-mail address: (concerning this matter, please c	o be used for future annual report notificat	(ion) 75 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
LASZLO N	JAGY of Person	at S6 703 A	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)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R# 1 11	INC ADDDESS.	etheet/countries	ADDESS.

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

CYNKE & Rood (Name of the Limited Lia (A Flo	bility Company as it now appears or ida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabil Florida document number <u>LOQOOO497</u>	ity Company were filed on MA'	7 21 · 2.009 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
A & L South Florido The new name must be distinguishable and end with the "L.L.C."		," the designation "ELC" or the abbreviation
Enter new principal offices address, if applicable	2:	
(Principal office address MUST BE A STREET A		SS SS
	**************************************	MO R III
Enter new mailing address, if applicable:		35 S
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	•
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter	r Florida 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action** <u>Address</u> Title Name Anthony Zarella 428 plaza real apt. MGRM X Add Remove Boca Raton 33341 ☐ Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member of authorized representative of a member Vagu 1101...

Page 2 of 2

Filing Fee: \$25.00