## -09000049929

B. KOHR

APR 1 2011

EXAMINER

(Requestor's Name)			
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bı	ısiness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to	Filing Officer		
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

REGIONAL MATER	RIAL LLC			,	7
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1	······································		-		
				Art of Inc. File	
			1	LTD Partnership File	
			,	Foreign Corp. File	
				L.C. File	
			1	Fictitious Name File	
				Trade/Service Mark	
			1	Merger File	
				Art. of Amend. File	
				RA Resignation	
				Dissolution / Withdrawal	
				Annual Report / Reinstatement	
				Cert. Copy	
			1	Photo Copy	
			1	Certificate of Good Standing	<del></del>
				Certificate of Status	
				Certificate of Fictitious Name	
				Corp Record Search	
			<u> </u>	Officer Search	
				Fictitious Search	
Signature	<del></del>			Fictitious Owner Search	
Signature				Vehicle Search	
				Driving Record	
Requested by:				UCC 1 or 3 File	
N	Dota	Time		UCC 11 Search	
Name	Date	Time		UCC 11 Retrieval	
Walk-In	Will Pick Up			Courier	

## **COVER LETTER**

Division of C	Corporations				
SUBJECT:	REGIONA	AL MATERIAL LLC	·		
		nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	ibmitted for filing.			
Please return all corres	spondence concerning this matte	er to the following:			
	AN	IGEL BAEZ-CAMACHO			
		Name of Person			
	Firm/Company				
	4630 5	S KIRKMAN RD SUITE 172			
		Address	<del></del>		
	44/05/ 0	City/State and Zip Code			
	E-mail address: (	CAMACHO@HOTMAIL.COM (to be used for future annual report notification)	vi ation)		
For further information	concerning this matter, please	cali:			
	BAEZ-CAMACHO	at ( 407 ) 7	45-0713		
Name	of Person '	Area Code & Daytime 1	Felephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	530.00 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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



(Name of the Limited Limited Limited I (A Florida Limited I	ATERIAL LLO  inv as it now appears on our records.)  Liability Company)		
The Articles of Organization for this Limited Liability Company  Florida document numberLO900049929			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited list	oility company here:		
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	3920 A W COLONIAL DRIVE		
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32808		
Enter new mailing address, if applicable:	4630 S KIRKMAN RD SUITE 172		
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32811		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:			
New Registered Office Address:	Enter Floridu street address		
	, Florida		
<del></del>	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

<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGRM	ANGEL BAEZ-CAMACHO	ORLANDO, FL 32811	Add Remove		
MGRN	MARK A BROWN	4051 KYNDRA CIRCLE RICHARDSON, TX 75082	Add  Remove		
PRES	JOSE VILLAMIL	PO BOX 555606 ORLANDO, FL 32855	Add / Remove		
	***************************************		Add Remove		
· · · · · · · · · · · · · · · · · · ·	<del></del>		Add Remove		
			Add Remove		
D. If an	nending any other information, enter o	change(s) here: (Anach additional sheets, if necessary.)			
	ON JANUARY 28TH 2011, LLC	HAD A MEETING OF THE ORGANIZATION	<del></del>		
	MARK BROWN RESIGNED AN	ID ANGEL BAEZ-CAMACHO BECAME THE	<u> </u>		
	SOLE MANAGING MEMBER.		<u>—</u>		
	JOSE VILLAMIL MUST BE REM	NOVED WAS ADDED ELECTRONICALLY	<del></del>		
	WITHOUT AUTHORIZATION O	F THE MANAGING MEMBER.			
Dated	MARCH 34ST Signature of a me	ember for pathorized representative of a member	gyn.		
ANGEL BAEZ-CAMACHO Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00