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SECRETARY OF STATE

J. BRYAN

AUG 2 0 2009

EXAMINER ·

COVER LETTER

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Melend	dez 929 11 C	
		
mendment and fee(s) are sub	mitted for filing.	
ence concerning this matter	to the following:	SECON TO
		発 6
	Nitza L. Melendez	SS IS
	Name of Person	一
Melendez	: 929, LLC	OS AUG 19 AH 11:44 SECRETARY OF STATE TALLAHASSEE. FLORID
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nitzamel	ender a hot mail. c	(ion)
cerning this matter, please c		uon,
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Melendez	at (214) 28	32-6372
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following amount:		
\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee.
Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
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	Melendent and fee(s) are subtended fee(s) are subtended fee(s) are subtended fee(s) are subtended for mital fee(s) are subtended fee(s)	Melendez 929, LLC Name of Limited Liability Company mendment and fee(s) are submitted for filing. ence concerning this matter to the following: Nitza L. Melendez Name of Person Melendez 929, LLC Firm/Company 994 E OSCEOLA PKWY Address ORLANDO FL 34744 US City/State and Zip Code nitzamaladdress: (to be used for future annual report notifical cerning this matter, please call: Melendez erson Melendez at (214) Zignaladdress (214) Area Code & Daytime T following amount: \$\$30,00 Filing Fee & Certificate of Status GADDRESS: STREET/COURIEN

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT . TO ARTICLES OF ORGANIZATION OF

	Melendez 929,LLC		SSER	
(<u>Name of the Limited Li</u> (A F)	ability Company as it now appea orida Limited Liability Company)	rs on our records.)	RY OF STATE	
The Articles of Organization for this Limited Liab	ility Company were filed on	05/28/2009	and assigned	
Florida document numberL090005190	<u>01 </u>		<i>r</i>	
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability company he	<u>re</u> :		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET).	ADDRESS)			
Enter new mailing address, if applicable:	wresquar reposit from p	ivate, doli pari es cecatini Carlo In	Alaman Ing	
(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 offic		our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:		-		
New Registered Office Address:		- nter Florida street add	ress	
•	. 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 araending 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> Name 1 Address **Type of Action** MGR Gloria M. Fuentes 4007 Greenleaf Drive ✓ Add Kissimmee, FL 34744 Remove ☐ Add Remove Add 🔲 ☐ Remove Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) -009 Signature of a member or authorized representative of a member Manager

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00