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W9-59551

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: A. Mame 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:
Sirty Figueroa Name of Person Firm/Company
Address Address City/State and Zip Code C. City/State and Zip Code E-mail address (tobe used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Name of Person Name of Person Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$\text{Certified Copy} \text{(additional copy is enclosed)} \text{Certified Copy} \text{(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**

SECRETARY OF STATE DIVISION OF CORPORATION: 10 OCT 13 AMTI: 29

Al Mat Incomes

(Name of the Limit	ted Liability Compan (A Florida Limited Li	y as it now appears of lability Company)	on our records.)	
The Articles of Organization for this Limited Florida document number	Liability Company	were filed on <u>to</u>	131/800	A and assigned
This amendment is submitted to amend the fo	ollowing:			
A. If amending name, enter the new name	of the limited liabi	lity company here:		
The new name must be distinguishable and end "L.L.C."	with the words "Limit	ed Liability Company	," the designation "	LLC" or the abbreviation
Enter new principal offices address, if app	licable:	SAMe		
(Principal office address MUST BE A STRI	EET ADDRESS)			
Enter new mailing address, if applicable:		SAMe		
(Mailing address MAY BE A POST OFFIC	<u>E BOX)</u>			<u> </u>
B. If amending the registered agent an registered agent and/or the new registered			r records, enter	the name of the new
Name of New Registered Agent:	Sind	y Fique	· 100	
New Registered Office Address:	F140E	Cauti	Florida street add	theory
•	CRANT	adoille City	, Florida	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.

Page 1 of 2

II Changing Registered Agent, Signature of New Registered Agent

or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> Type of Action ☐ 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.) men Dated

Page 2 of 2

Signature of a member or author

Filing Fee: \$25.00

Typed or printed name of signee

representative of a member