10900060406

•				
(Requestor's Name)				
(Address)				
(Address)				
·				
(City/State/Zip/Phone #)				
(-1,9,0,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				





200158341932

07/13/09--01061--006 **25.00

SECRETARY OF STATE OF STATE OF CORPORATIONS

T. HAMPTON

JUL 1 4 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Coy6te Rojo LCC Name 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:
ALFARO, ALMA Name of Person
Coyote Rojo UC Firm/Company
2082 CR HWY 48 Address Address FL 33513
Bushnell FL 33513 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Calvin Jores at (407) 85L-4280 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{\$\text{\$copy (additional copy is enclosed)}}}} \text{\$\text{\$\text{\$\text{\$copy (additional copy is enclosed)}}}} \text{\$\text{\$\text{\$\text{\$\text{\$copy (additional copy is enclosed)}}}} \$\text{\$\text{\$\text{\$\text{\$copy (additiona
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

_ Coyote Rojo LLa	,	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	tited Liability Company," the d	lesignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		OS S
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		JUL 13: PH 3: 45
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	da 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 or Managing Member being added or removed from our records:

MGR = M MGRM =	lanager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
mgc	ALMA ALFARO	2082 CR Hwy 48 Bushrell, FL, 33513	Add Remove
m <u>em</u>	JUAN ALFARD	2082 CR HWY 48 Bushwell, FL 33513	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	7-2-2009 .x	ge(s) here: (Attach additional sheets, if necessary.	SECRETARY OF STATE DIVISION OF CORPORATIONS O9 JUL 13 PM 3: 49
	x almor a	er or authorized representative of a member \(\int O \) d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00