# 0900063087

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
, , , , , , , , , , , , , , , , , , ,
(Document Number)
Certified Copies Certificates of Status
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·

Office Use Only



200159547282

08/17/09--01016--002 \*\*60.00



M. THOMAS

AUG 18 2009

EXAMINER

## COVER LETTER

TO: Registration Se	etion • porations	*	¥2	•	
SUBJECT:	Vendina (Name of Limited I	Liability Company)		-	
	Amendment and fee(s) are submitte and endence concerning this matter to the		,		
	<b>V</b>	ame of Person)			
	et verdin	ign/Company)			
	34110 Tripl	e Crown (	auct	2009 AUG 17 SECRETAR TALLAHASS	型
	Dade City	State and Zip Code)	3525_	TARY OF S	ILED
For further information of	concerning this matter, please call:			:20 TATE ORIGA	4
<u>Erica</u>	of Person)	at ( <u>813)</u> <u>995</u> (Area Code & Day)	54166 time Telephone Nun	nber)	

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

2360.00 Filing Fee, Certificate of Status & Certified Copy (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

	(Present Name)  (A Florida Limited Liability Company)	<del></del>
	(At Florida Billines Billing Company)	
FIRST:	The Articles of Organization were filed on 43009 and assigned document number 109000043087	÷ ;
SECOND:	This amendment is submitted to amend the following:	المنافع والمنافع والم
	HITTO COLOR COLITION OF THE STATE OF THE STA	F
	The name and Florida street address of the real stered agent is:	E
		2 230
	34110 Triple Crain Court	6
	Dade City, F1 35505	
	I am familiar with, and accept the	
	obligations of this amended position.	
	Scremy Secrueld 2	
Dated	Aug. 4, 2009.	
	Signature of a member or authorized representative of a member	
	i voed or ormied name of signee	

Filing Fee: \$25.00