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T. HAMPTON
FEB 15 2010
EXAMINER

COVER LETTER

TÓ:	Registration : Division of C			·
SUBJ	ECT:	JEANNET [*]	TE TORRES, LLC	
5010			ited Liability Company	
The er	nclosed Articles o	of Amendment and fee(s) are sul	bmitted for filing.	
Please	return all corres	pondence concerning this matter	r to the following:	
			Jeannette Torres	
			Name of Person	
			NNETTE TORRES, LLC	
			Firm/Company	
			16440 Ruby Lake	
Weston, FL 33331 City/State and Zip Code				
		bestrea	lestateagent09@gmail.co	om
		E-mail address: (to be used for future annual report n	otification)
For fu	rther information	concerning this matter, please	call:	
	Je	annette Torres	at (954)	328-2438
	Name	e of Person		time Telephone Number
Enclo	sed is a check for	the following amount:		
	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Sed) Certified Copy (additional copy is enclosed)
	Regi Divi: P.O.	stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COL Registration Se Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JE	ANNETTE S. ORTIZ LLO	C				
(Name of the Limited	d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)				
The Articles of Organization for this Limited L	iability Company were filed on	July 8, 2009	and assigned			
Florida document numberL0900006	5889					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name o	of the limited liability company he	<u>re</u> :				
J	EANNETTE TORRES, LLC					
The new name must be distinguishable and end w 'L.L.C."	ith the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation			
Enter new principal offices address, if appli	cable:		<u>~</u>			
Principal office address MUST BE A STRE	ET ADDRESS)		± ××××××××××××××××××××××××××××××××××××			
		•	2 = = = = = = = = = = = = = = = = = = =			
Enter new mailing address, if applicable:			~ SEE			
(Mailing address MAY BE A POST OFFICE BOX)						
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			6 , 0 ^m			
B. If amending the registered agent and	or registered office address on	our records, enter th	ne name of the new			
registered agent and/or the new registered o	ffice address here:					
Name of New Registered Agent:	Name of New Registered Agent: Jeannette Torres					
New Registered Office Address:	16440 Ruby Lake					
	E	nter Florida street addr	ess			
	Weston	, Florida	33331			
	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

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Address Type of Action <u>Title</u> <u>Name</u> MGR Jeannette Torres 16440 Ruby Lake ✓ Add Weston, FL 33331 Remove MGR Jeannette S Ortiz 16440 Ruby Lake ✓ Remove Weston FL 33331 ☐ Add ☐ Remove Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February 9 2010 Dated ___ Signature of a member or authorized representative of a member Jeannette Torres Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00