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EXAMINER

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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Reano Ago LUC 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:							
Ann Roman Name of Person							
Firm/Company LITET WITEROSS ANE							
Address							
City/State and Zip Code	8						
For further information concerning this matter, please call:							
Name of Person at (974) 447.3026 Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount:	•						
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy}\$\$ (additional copy is enclosed) \$\ \text{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

PRANDARO, LI	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on 071009 and assigned
	vere filed on and assigned
Florida document number <u>LO900068423</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limite	ed Liability Company " the designation "LLC" or the abbreviation
"L.L.C."	a blubing company, the designation bibe of the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi	ce address on our records, enter the name of the new
registered agent and/or the new registered office address here	
Name of New Registered Agent:	₹ o
	FC 9
New Registered Office Address:	Enter Florida street address
	Enter Florida street dadres S
	Florida 📆 📆
	City Zip Co
New Registered Agent's Signature, if changing Registered Agent:	DRII TAI

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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
1Ger	FRANK MANE	ARD ROILNE GOT ST.	Add Remove
			Add Remove
	 		AddRemove
			Add Remove
			AddRemove
			AddRemove
D. If amen	ding any other information	, enter change(s) here: (Attach additional sheets, if	necessary.)
Dated	04/28		SECRE TALLAH
	Signatu	re of a member or authorized representative of a member	FILED REPARY OF S
		Typed or printed name of signee Page 2 of 2 Filing Fee: \$25.00	STATE FLORIDA