## L0900007/723

(Requestor's Name)
(Address)
, ,
(Address)
•
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
<del></del>
(Business Entity Name)
•
(Document Number)
Certified Copies Certificates of Status
Continued Copied
Special Instructions to Filing Officer:

Office Use Only



700159333477

08/27/09--01005--001 \*\*25.80

FILED

99 AUG 27 AH II: 31

SECRETARY OF STATE
SHAPASSEE, FLORID

J. BRYAN AUG 2 8 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: OUY SOCOND home
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:
Diana Rivera
Name of Person  Second home
Firm/Company  14147 SW 32nd St Hiramor  Address
Hiramar Fl 33027  City/State and Zip Code
marin diana 17 @ hot mail. Com EE E E T
For further information concerning this matter, please call:
Diana Rivera at (954) 682-1224  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$ Certificate of Status  Certificate of Status  S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified 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

Our 5ecc	ind ho	me LLC			
		as it now appears on ou oility Company)	r records.)	******	
The Articles of Organization for this Limited Li Florida document number <u>L090007</u>		ere filed on $07/2$	1/09	and assi	gned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabilit	y company here:			
The new name must be distinguishable and end with "L.L.C."  Enter new principal offices address, if application of the control	able:	Liability Company," the	designation "LL	09	poreviation
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	 <u></u>		AHASSEE, FLOR	AUG 27 ANII: 3	
B. If amending the registered agent and/o registered agent and/or the new registered of		address on our rec	ords, enter the	name of	the new
Name of New Registered Agent:	Diana	Rivera			
New Registered Office Address:	14 147	SW 32 Enter Flor	vol st ida street addre:		<del></del>
	Hiram	City	_, Florida		33027
Navy Dagistanad Agant?s Cignatura if shamin. D	A				

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

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> **Address Type of Action** MGR ☐ Add Remove M6RH ☐ Add Remove ☐ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) )escripcion Service Our and elemen Care 22 2009 Signature of a member or authorized representative of a member 5e cond Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00