409000076558

(Requestor's Name)						
(Address)						
(Address)						
(0) (0) (7) (7)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
,						
,						
(Document Number)						
Certified Copies Certificates of Status						

Special Instructions to Filing Officer:

A. LUNT

DEC 30 2010

EXAMINER

Office Use Only



600186384806

10/12/10--01009--015 **30.00

2010 DEC 29 PM 5: 42
SEGRETARY OF STARK

COVER LETTER

DATE: September 23, 2010

Re: Amendment of Name of Florida Limited Liability

Corporation

Note: Please find the attached forms to amend the name of

SEVILLANO, LLC

Phone Number: 786-797-1375

Return Address: 941 Algaringo Ave

Coral Gables, FL 33134



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 14, 2010

DIANA SEVILLANO 941 ALGARINGO AVE. CORAL GABLES, FL 33134

SUBJECT: SEVILLANO, LLC Ref. Number: L09000076558



We have received your document for SEVILLANO, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 010A00024358

November 5, 201

Florida Department of State

Division of Corporations

PO Box 6327

Tallahassee. Florida 32314

As the previous owner of MOMEAME, LLC, I am writing this letter to confirm that I have no intention of revoking the dissolution of this entity, and therefore I release the name for use to another entity.

Should there be any questions, please contact me at 786-797-1375.

Diana Sevillano

941 Algaringo Ave.

Coral Gables, FL 33134

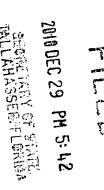


FLORIDA DEPARTMENT OF STATE Division of Corporations

December 2, 2010

DIANA SEVILLANO 941 ALGARINGO AVE. CORAL GABLES, FL 33134

SUBJECT: SEVILLANO, LLC Ref. Number: L09000076558



We have received your document for SEVILLANO, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 910A00028066

COVER LETTER

TÒ:

TÒ:	Registration S Division of Co			
SUBJECT:		SEVI		
			ited Liability Company	
The en	closed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
	Diana Sevillano Name of Person			
			Name of a cison	
***************************************		 	Firm/Company	
941 Algaringo Ave		2010 (
	•		Address	2010 DEC 29
		C	oral Gables, FL 33134 City/State and Zip Code	
		dde	latorriente@yahoo.com	THE PART OF THE PA
For fur	ther information	e-mail address: (to be used for future annual report notification) 12.
		ana Sevillano	at (_ ·)	1375
	Name	of Person	Area Code & Daytime Tele	onone Number
Enclose	ed is a check for	the following amount:		
□\$ 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 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		ration Section on of Corporations Box 6327	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEVILLA	NO, LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appea Liability Company)	irs on our records.		
The Articles of Organization for this Limited Liability Company	were filed on	8/10/09L09	and assign	ned
Florida document numberL09000076558				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :		
MOMEAN	•			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Comp	any," the designation "l	LLC" or the abb	reviation
Enter new principal offices address, if applicable:	941 Algaringo Ave		SE E	17
(Principal office address MUST BE A STREET ADDRESS)	Coral Gables	s, FL 33134	29 P	Parameter Community
Enter new mailing address, if applicable:	941 Algaring	o Ave	# 5: F	Section by
(Mailing address MAY BE A POST OFFICE BOX)	Coral Gables	s, FL 33134	Strant Co	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	our records, enter t		he new
		, 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 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 Type of Action Title <u>Name</u> <u>Address</u> ☐ Add ☐ Remove ☐ Add Remove ☐ Add Remove Romove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ Signature of a member or authorized representative of a member Diana Sevillano Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00