L09000077359

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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Mendola, LCC 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:		
Tracy Mendola Name of Person	-	
Mendola (CC)	_	
26543 5W 122nd PC	2011 JUL SECRE TALLAH	-77
Homestead, FC. 33032 City/State and Zip Code Temendola Quahoo. Com E-mail address: (to be used for future annual report notification)	2011 JUL 26 PM 2 87 SEURETARY OF STATE FALLAHASSEE, FLORIDA	FILED
temendola Q yahoo. com E-mail address: (to be used for future annual report notification)	STATE LORIDA	
For further information concerning this matter, please call: 305 - 479-1290	- Collett	
Tracy Mendola at 305 258-6338 Name of Person Area Code & Daytime Telephone Number	3	
(additional copy is enclosed) Certifie	ate of Status &	7d)
(audino	im oop, is enerose	.)

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

MENDOL			<u> </u>	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appea ability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company v Florida document numberL0900077359	were filed on	08/12/2009	and assig	ned
This amendment is submitted to amend the following:	P.A		2011 JUL 26 SECRETAR TALLAHASS	n
A. If amending name, enter the new name of the limited liabil	шу сотрану пе	<u>re</u> :	L 26 HAS	
The new name must be distinguishable and end with the words "Limito" L.L.C."	ed Liability Comp	any," the designation "	or the abl	oreviai)
Enter new principal offices address, if applicable:			LORA ME	
(Principal office address MUST BE A STREET ADDRESS)		<u>.</u>	Diu +	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		our records, enter	the name of	the nev
Name of New Registered Agent:				
New Registered Office Address:	Er	nter Florida street add	lress	
		Florida		
	City	, Florida	Zin 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 Address** Title **Name** Dominic Mendola MGRM ☐ Add ☐ Remove Add A Remove da∆dd Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Mendola

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00