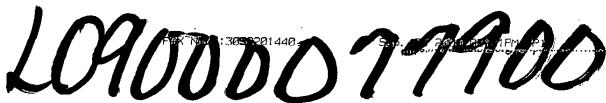
FROM (LAZARUS



## Florida Department of State

## **Division of Corporations** Public Access System

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## H09000206565

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Chmideny as it now appears on our records.)  Florida Limited Liability Company)
The Articles of Organization for this Limited Li Florida document number <u>LO9000</u> 7	sability Company were filed on $\frac{8/13/07}{1300}$ and assigned
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	the limited liability company here:
*L.L.C." Enter new principal offices address, if application of the address MUST BE A STREE Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE	TADDRESS)  AND 23 AT 25
Name of New Registered Agent:	Sammy Coronado
New Registered Office Address:	9807 W Okaqchobaq RD #207 Halcah Jacking (Enter Florida street address)
·	Maleah Gardens Florida 33016 (City) (Zip Code)
lew Registered Agent's Signature, if changing F	Registored Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with he provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, Line by confirm that the limited liability ompany has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

FAX NO. :3052201440

# H09000206565

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

Title	Name	Address	Type of Action
MGR	OSMARY SANCLER	9807 W Okeachabee R #207 History Gardens	Add Remove
<u> 1612</u>	Sammy Caronado	9807 W Okachobas R #207 Hilasah Japlans 33016	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	nding any other information, enter change	e(s) here: (Attach additional sheets, if necessary	
	Any Lawfull Bush	ness	ARY O
			AM 9: 39 OF STATE FLORIDA
Dated	Signature of a member	or authorized representative of a member	<b>*</b>
	Sammy	Careonado	* 4
	Typed	or printed name of signce	

Page 2 of 2

Filing Fee: \$25.00

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