## L090000 87305

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DIVISION OF CORPORATIONS

AUG 2 0 2013 T. MARIPYCII

## **COVER LETTER**

TO: Registration Section
Division of Corporations

ORLANDO FINANCIAL AND INVESTMENT GROUP, LLC

SUBJECT:

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:

WALTER D. LOPEZ

Name of Person

ORLANDO FINANCIAL AND INVESTMENT GROUP LLC

Firm/Company

PO BOX 161561

Address

ALTAMONTE SPRINGS, FL 32716

City/State and Zip Code

orlandofinancialgroup@fibertel.com.ar

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Walter D. Lopez

 $_{at}$  (407) 467-9411

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

■\$30.00 Filing Fee & Certificate of Status

□\$55.00 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 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**

## ORLANDO FINANCIAL AND INVESTMENT GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	ility Company v	vere filed on SEPTEM	BER 10, 2009 and assigned	
Florida document number L09000087305			3 AUG	
This amendment is submitted to amend the following	ing:		STARKED PI	
A. If amending name, enter the new name of the	e limited liabil	ity company here:	STALL STALL	
			5 01	
The new name must be distinguishable and end with the "L.L.C."	he words "Limite	ed Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		544 OLYMPIC VILLAGE APT. 101		
(Principal office address MUST BE A STREET ADDRESS)		ALTAMONTE SPRINGS, FL 32714		
		DO DOV 104504		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		PO BOX 161561  ALTAMONTE SPRINGS, FL 32716		
		ALTAMONTE SPE	RINGS, FL 32/16	
B. If amending the registered agent and/or registered agent and/or the new registered offic			ords, enter the name of the new	
Name of New Registered Agent:	WALTER D. LOPEZ			
New Registered Office Address: 544 OLYMPIC VILLAGE APT. 101				
		Enter Florida street address		
	ALTAMONT	E SPRINGS	_, Florida <u>32714</u>	
		City	Zip Code	
New Registered Agent's Signature, if changing Reg	istered 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	WALTER D. LOPEZ	PO BOX 161561	Add
		ALTAMONTE SPRINGS FL 3271	6 Remove
MGRM	NELSON LOPEZ	PO BOX 161561	Add
		ALTAMONTE SPRINGS FL 3271	6 Remove
			Add
		· · ·	DIRECTOR TARY
			PIN Add A TIONOVE
			–
			Remove
			_ Add
			Remove

1	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)  EREASON TO THIS AMMENDMENT IS TO CHANGE THE ADDRESS OF THE BUSINESS,
THE	ADDRESS OF THE REGISTER OFFICER AND THE MANAGER AND MANAGER MEMBERS.
Dated Aug	ust 15 , 2013
•	Signature of a member or authorized representative of a member
	WALTER D. LOPEZ
·	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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