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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
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N. Culligan FEB - 4 2011

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: American Octore LLC 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:				
JS CARPEL Name of Person				
America Octava UC Firm/Company				
4160 W.W. St Ave #17				
Boca Rator, FL 3343 \ City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person at 5741, 900 - 8241 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \tex				

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



A = = ' C = =	octors Lic
(Name of the Limited	Liability Company as it now appears on our/records.) Florida Limited Liability Company)
(,,	9/01/0
The Articles of Organization for this Limited Li	· · · · · · · · · · · · · · · · · · ·
Florida document number LO9000	090969
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	f the limited liability company here:
The new name must be distinguishable and end wit "L.L.C."	th the words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if application	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>
B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered office address on our records, enter the name of the new fice address here:
Name of New Registered Agent:	JD CARPEL
New Registered Office Address:	HI (60 N.W. 15t Ave #1) Enter Florida street address
	Boxa lator, Florida 3343/ 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, E.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby 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

<u>Name</u>	<u>Address</u>	Type of Action
Matt Krise	Hoo N.W Fr Ave HT Boca Ruton EL 33431	AddAdd
30 CARPEL	41100 NW 1St Are #17 Boro Raton, FC 334	∑KAdd 31 □ Remove
·		Add Remove
		Add Remove
		Add Remove
		Add Remove
ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE DIVISION OF CORPORATION OF CORPO
	·	**
	Matt Krise	Matt Krose 4100 DIN FT And #T Boro Raton Fr 33431 Boro Raton Fr 334

Page 2 of 2

Filing Fee: \$25.00