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. PICK-UP WAIT MAIL							
(Business Entity Name)							
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G. MCLEOD

EXAMINER



900162581719

11/12/09--01024--003 **25.00

COVER LETTER

SUBJECT: <u>//o</u>	Name of Limited Liability Company
	Name of Elithica Diability Company
The enclosed Article	s of Amendment and fee(s) are submitted for filing.
Please return all corr	espondence concerning this matter to the following:
	Anamaria Plongado Name of Person
	Name of Person
•.	MONGADO - FRUEST MONT, LLC
	Firm/Company
	2101 DAINORD Deive SviTE # 1
	Address
	City/State and Zip Code bapinus 1 2 gna; /. com E-mail address: (to be used for future annual report notification)
v A	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
Anomaria J	Mo 164 80 at (407) 851-6367 me of Person Area Code & Daytime Telephone Number
Na	me of Person Area Code & Daytime Telephone Number
Enclosed is a check t	or the following amount:
\$25.00 Filing Fee	-

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

GORGADO TNUEST MENT, LL	e					
(Name of the Limited Liability C (A Florida Lin	ompany as it now app nited Liability Compan	ears on our records.) y)	•••			
The Articles of Organization for this Limited Liability Con Florida document number	npany were filed on _	Derobol 13, 2009	and assigned			
	•					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited .	d liability company l	here:				
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Con	npany," the designation "LL	.C" or the abbreviation			
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		3 ₹ <u>8</u>			
•						
Enter new mailing address, if applicable:			OF CO			
(Mailing address MAY BE A POST OFFICE BOX)						
<i>t</i>	<u> </u>					
B. If amending the registered agent and/or registered agent and/or the new registered office address		n our records, <u>enter th</u>	e name of the ne			
	-	,				
Name of New Registered Agent:						
New Registered Office Address:	New Registered Office Address: Enter Florida street address					
<u></u>		, 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

<u>Title</u> Name

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGRM	MANUEL	Moreado	2101 Dainoeo Daive, ditte 11 Delando, to 52837	Add Remove
MGRU	MAZIANA	Rigas	2101 ORINDEO DRIUG SVITE \$1 DALANDO, PR 32807	Add ☐ Remove
MGRM	Juvasion	105 M-23	2101 Dainogo Daive, Lite & 1 Dalando, EL 32837	Add Remove
				Add Remove
				Add Remove
				Add Remove
D. If ame	nding any other in	formation, enter cha	inge(s) here: (Attach additional sheets, if necessary.)	
				
_ _ Dated	000001 9		909.	-
		Signature of a mem	ber or authorized representative of a member	
		Anomaria	Doctor printed name of signee	<u>_</u>

Page 2 of 2

Filing Fee: \$25.00