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Certified Copies	Certificates	of Status
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SECRETARY OF STATE
ANA ASSEC FLORIDA

J. BRYAN

APR -5 2011

EXAMINER

COVER LETTER

Division o	f Corporations		
SUBJECT.	lorgado Favestmen	it. LLC	
SUBJECT:	Oceado Fruestmen Name of Limi	ited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are sub	bmitted for filing.	
Please return all con	rrespondence concerning this matter	to the following:	
	,	longado Name of Person	ge Transition of the second of
	Gorgado trus	Firm/Company	
	2101 Orinoed	Firm/Company Drive, Lite 1, Address	HAPR-4 PH 3: 23 HAPR-4 PH 3: 23 KECRETARY OF STATE KALLAHASSEE, FLORIO
		32837 City/State and Zip Code	PR SEE, FIS
	morgado Thurstor E-mail address: (1	City/State and Zip Code No. 1	ORIO Lion)
For further informat	tion concerning this matter, please c		
momnaia	leongado	at (407) 851-6369 Area Code & Daytime T	
N	affine of Person	Area Code & Daytime T	elephone Number
Enclosed is a check	for the following amount:		•
\$25.00 Filing Fe	ce \$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)
Re	IAILING ADDRESS: egistration Section ivision of Corporations	STREET/COURIER Registration Section Division of Corporati	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Le		
Company as it now appear mited Liability Company)	s on our records.)	
		and assigned
ed liability company her	<u>e</u> :	
"Limited Liability Compa	ny," the designation "L	LC" or the abbreviatio
		SS =
<u> </u>		P T
		PH 3: 23 TARY OF STATE ASSEF, FIORIDA
red office address on o ss here:	ur records, <u>enter th</u>	e name of the nev
End	ar Florida street addr	000
Eni		ess
City	, Florida	Zip Code
	d liability company her "Limited Liability Compa SS) ed office address on os here:	ed office address on our records, <u>enter thes here:</u> Enter Florida street addr

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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add
		7	Remove
			And Remove
			PANO 3:
			_ (gm)
			Add Remove
			∏Add Remove
D. If amend	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
<u> </u>	CIBAS instead of Una	iANA RIGAS AS it Appears	_
<u>/^</u>		Vome	_
			-
Dated <u> </u>	Signature of a member	or authorized representative of a member	
	Anamara	Hongado. or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00