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2011 DEC 12 AN H: 00 SECRETARY OF STATE

T. CLINE
DEC 13 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CLA WHOLESALE 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:		
KARFN LARSON	·	
Name of Person		
Name of Person OLA WHOLESALE, LLC Firm/Company		
Firm/Company		
P.O. BOX 149366 Address		
ORLANDO, FL 328/11/ City/State and Zip Code		
E-mail address: (to be used for future annual report notification)	<u>.</u> CO 14	
For further information concerning this matter, please call:	20 20 20 20 E	
Name of Person at (407, 832, 6,377) Area Code & Daytime Telephone N	METARY METARY	
Enclosed is a check for the following amount:	WEST STATES	
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	00 Filing Fee, c., rtificate of Status & rtified Copy ditional copy is enclos	·ad\
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MAILING ADDRESS:

TO:

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

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our ited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on <u>10/14</u> 59	1 /2009 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," the o	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u></u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 1.	49366 B TI	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		rds, enter the name of the new	
Name of New Registered Agent:	5.00		
New Registered Office Address:	Enter Flori	da street address	
	, 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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>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
16RM	KAREN LARSON	1352 FERIN AUE ORLANDO, FL328/4	Z Add ☐ Remove
			Add Remove
	·		Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	- P
	Signature of a member KAREN C LAR Typed 6	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00