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10/06/11--01016--001 \*\*25.00

SECKETARY OF STATE TALLAHASSEE, FLORIDA

T. HAMPTON

00T = 7 2011

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Samaritano Enterprises 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:
Heriberto Pérez
Name of Person
Firm/Company
2030 Estancia St.
Address
Z030 Estancia St.  Address  Kissinnee Fl. 34741  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Heriberto Pérez at (787) 612-0594  Name of Person Area Code & Daytime Telephone Number
Name of reison Area Code & Daytine 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

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Samaritano Enterpriser Stuttary OF STATE

iability Company as it now appears on our records.)
lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_10 | 28 Florida document number L 09000 10393.9 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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

MGR = Manager

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:

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address** Type of Action Victor A. Davila 241 Solomon Land 161551 mmec, Fl. 3474 Jesus Bourdon Marquez 1135 American Rose P MGR Remove ☐ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00