L1000004340

(Requestor	s Name)			
(Address)				
(Address)				
(City/State/2	Zip/Phone #)			
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T CLINE NOV 1 6 2010 EXAMINER

COVER LETTER

Division of Co		י	٩		
SUBJECT:	NATIONAL	. UNLIMITED LLC			
		ted Liability Company		_	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		SANDRA SCHIRALDI			
		Name of Person			
NATIONAL UNLIMITED LLC					
Firm/Company					
975 FLORIDA CENTRAL PARKWAY, SUITE 1900					
		Address			
LONGWOOD, FL 32750 ∑் 🔀				700	
		City/State and Zip Code		29 19 NOV 12 -SESSA (PAR) DAILLARESS	****
sandra@nationalunlimnited.com E-mail address: (to be used for future annual report notification)					Waranga. Menimbin E
		-	tification)	111	
For further information	concerning this matter, please of	call:			4
SAND	DRA SCHIRALDI	at (407)	331-7205		الخمالا
Name	of Person	Area Code & Dayt	ime Telephone Nun	nber-	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	Certi sed) Certi	Filing Fee, ificate of Status ified Copy itional copy is e	
MAII	LING ADDRESS:	STREET/COU	RIER ADDRESS	S:	

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

NATIONAL	UNLIMITED LLC	2		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appear ited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Com Florida document numberL1000004340	pany were filed on	1/12/10		
Piorida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company her	<u>·e</u> :		
The new name must be distinguishable and end with the words 'L.L.C."	"Limited Liability Compa	any," the designation	on "LLC" of the	abbreviatior
Enter new principal offices address, if applicable:				emp x 2 2 2
(Principal office address MUST BE A STREET ADDRES	<u> </u>		<u> </u>	\$-8-8
			平原 華	
			ALSO A	, 13 = .
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
B. If amending the registered agent and/or registere	ed office address on a	our records, ent	er the name	of the nev
registered agent and/or the new registered office address		<u> </u>	or the hame	01 110 110
Name of New Registered Agent:				
New Registered Office Address:				
	En	Enter Florida street address		
		, Florida	ì	
**************************************	City		Zip Coo	de

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 Type of Action <u>Address</u> Title Name JOSE COLLADO ✓ Add
☐ Remove MGRM 3277 HEIRLOOM ROSE PL OVIEDO, FL 32766____ ☐ Add Remove ☐ Add ☐ Remove ∏Add Remove 22 U Remove -11 GP Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) FEI/FEN NUMBER 27-1654331 11/02 2010 Dated _____ Signature of a member or authorized representative of a member JOSE COLLADO

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee