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EXAMINER

## **COVER LETTER**

SUBJECT: FUTURA ENTERPRISES, LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return alt correspondence concerning this matter to the following:  YASMIN TIRADO-CHIODINI, ESQ.  Name of Person  TIRADO-CHIODINI, PL  Firm/Company  1621 BARR ST.  Address  OVIEDO, FL 32765  City/State and Zip Code  YASMIN@TIRADO-CHIODINI.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  YASMIN TIRADO-CHIODINI  Name of Person  Area Code & Daytime Telephone Number  S255.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)	Division of Cor	porations					
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YASMIN TIRADO-CHIODINI, ESQ.  Name of Person  TIRADO-CHIODINI, PL Firm/Company  1621 BARR ST. Address  OVIEDO, FL 32765 City/State and Zip Code YASMIN@TIRADO-CHIODINI.COM E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  YASMIN TIRADO-CHIODINI Name of Person  at (407) 977-7366 Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee Certificate of Status Certificate of Status & Certificate Opy (additional copy is enclosed)	The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.				
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Firm/Company  1621 BARR ST.  Address  OVIEDO, FL 32765  City/State and Zip Code  YASMIN@TIRADO-CHIODINI.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  YASMIN TIRADO-CHIODINI  at (407) 977-7366  Name of Person Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:  Second Status Second Secon			Name of Person				
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\$25.00 Filing Fee \$\ \times \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy Certificate of Status & Certified Copy is enclosed} \text{Certified Copy} \text{Certified Copy}	Name o	f Person	Area Code & Daytim	e Telephone Number			
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TO:

**Registration Section** 

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

FUIUHA	ENTERPHISES, LLC	on our records )	*	
(A Florida	ity Company as it now appears a Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Florida document number	• •		and assigned	
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the line  The new name must be distinguishable and end with the w  "L.L.C."  Enter new principal offices address, if applicable:		ر الأخر الإخراجة الإخراجة	. 10	
A. If amending name, enter the new name of the lin	mited liability company here		THE TOTAL	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compan	y," the designation "E	LC" or the abbreviation	
Enter new principal offices address, if applicable:			G 2	
(Principal office address MUST BE A STREET ADD	DRESS)		6 m *	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		r records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	,		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:			· · · · · · · · · · · · · · · · · · ·	
	Enter Florida 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title Name** <u>Address</u> **Type of Action MGRM VANESSA VALENTIN** 2501 S. SEMORAN BLVD. APT# 1434 Add ORLANDO FL 32822 Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **FEBRUARY 10** 2010 Signature of a member or authorized representative of a member YASMIN TIRADO-CHIODINI Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00