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SECRETARY OF STATE TALLAHASSEE, FLORIDI

COMMUNICATION OF THE PARTY OF T

T. CLINE

SEP 20 2011

**EXAMINER** 

17845

## **COVER LETTER**

TO: Registration Section Division of Corporation	ıs				
SUBJECT: Internation	Mal Home Pro Name of Limite	Hection Plans, UC and Liability Company			
The enclosed Articles of Amenda	nent and fee(s) are subr	mitted for filing.			
Please return all correspondence	concerning this matter t	to the following:			
J	illian Jarbo	·			
		Name of Person	***************************************		
		Firm/Company			
<u> </u>	STOLOGIA BLEE	Man 755/ Wiles Rd	, 张#103		
QAC	DOLATONEKA (	Address  Coral Springs, Pl. 3  City/State and Zip Code  Abl. Cam	3067		
<u>Jil</u>	Lan Kesslere	AOL CAM  be used for future annual report notifica	tion)	2011 S	SE RO TUBER OF
For further information concerning	g this matter, please ca	·		SEP 19 CRETARY LAHASSI	manus es
Jillian Jarbo	; 	at <u>954                                   </u>	<i>y</i>	Y OF STA	
Name of Person		Area Code & Daytime Î	'elephone Number	STATE LORID	Ser. June 19
Enclosed is a check for the follow	ing amount:		. •	37	
	.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

### 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**

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C	ompany were filed on	and assigned
Florida document number	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		,
(Principal office address MUST BE A STREET ADDR	ESS)	
	<del> </del>	I SEP
Enter new mailing address, if applicable:		SAR 19
(Mailing address MAY BE A POST OFFICE BOX)		me n
	***	LOS TO
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		records, enter the Rame of the new
Name of New Registered Agent:	ian Tarbol	
New Registered Office Address: 755	lian Jarbre Wills Rd. Ste: 10 Enter Springs	Florida street address
Cora	springs	, Florida <i>3306</i> 7
<u> </u>	<del></del>	Zip Code

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.

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MG/M	Jillian Jarboe	7551 Wiles Rd. #103 Coral Springs, FL.33067	Add Remove
MGR	Allan Tarbol	7551 Wiles Rd #103 Coral Springs, FL 33067	Add Remove
			Add Remove
			Add Remove
			ZOIL AND TO SECULATION OF THE PROPERTY OF THE
			SEE. FLORIA
D. If amend	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessar	Om 🗓
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Page 2 of 2

Filing Fee: \$25.00