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DIVISION OF CERPORATION

T. HAMPTON
FEH 2 6 2010
EXAMPLE

COVER LETTER

TO:	Registration Section Division of Corporatio	ns		
SUBJ	ECT:		A LLC ted Liability Company	<u></u>
The en	nclosed Articles of Amend	ment and fee(s) are sub	emitted for filing.	
Please	return all correspondence	concerning this matter	to the following:	
		(Name of Person	
			Firm/Company	
		<u> </u>	Kme Concourse, SR. Address	809
		Вау	Harber Islands, FL City/State and Zip Code	33/54
		E-mail address: (t	ray & clear title services to prused for future annual report notifica	tion)
For fu	orther information concerni		V	
	Name of Person	when	at (305) 865-571 Area Code & Daytime	6 Celephone Number
Enclos	sed is a check for the follo	wing amount:		
L \$2:	5.00 Filing Fee \$3	0.00 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

ADJL	A LLC
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records. Limited Liability Company)
The Articles of Organization for this Limited Liability (Company were filed onand assigned
Florida document number	_··
This amendment is submitted to amend the following:	
A. If àmending name, enter the new name of the lim	ited liability company here:
·	
The new name must be distinguishable and end with the wo 'L.L.C."	ords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD)	RESS)
	→ × S
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	ම්ර්ල් ත කිලල
•	
	tered office address on our records, enter the name of the new
registered agent and/or the new registered office add	ress nere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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 **Address** Type of Action ☐ Add Remove ☐ Add Remove Remove ☐ Add Remove \prod Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SIQUIROFF, JACOBO 24 , 2011 Signature of a member or authorized representative of a member oregon Fisham Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00