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EXAMINER

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PALESTA SEC FLORIDA

COVER LETTER

TO:

Registration Section

, Division of Corporations
SUBJECT: FCO - TREND DESIGNS 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:
Marcelo A Oliveira Name of Person
FCO - TREND DESIGNS (LC
5145 Lansdowne Way
Palmerto, FL 34221-6519 City/State and Zip Code
Marcelo Deco Trend designs Con Fig. 5 E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marce lo A OLiveiro at (941) 879 - 3444 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\$30.00 Filing Fee & \$\$55.00 Filing Fee & \$\$60.00 Filing Fee,
Certificate of Status Certified Copy (additional copy is enclosed) 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

(Name of the Limited Liab (A Flori	lity Company ida Limited Lia	y as it now appears on our records.) ability Company)			
The Articles of Organization for this Limited Liability Florida document number <u>L 10000</u>		were filed on March 11,2010a	nd assigned		
This amendment is submitted to amend the following	g:	F			
A. If amending name, enter the new name of the	<u>limited liabil</u>	lity company here:			
The new name must be distinguishable and end with the "L.L.C."	words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation		
Enter new principal offices address, if applicable:	;	5145 Lansdon	ve Way		
(Principal office address MUST BE A STREET AL	ODRESS)	PALMETTO, F.C. 34221-6519	, , , , , , , , , , , , , , , , , , ,		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	PO BOX: 4963 Sarasota- FL 34230	<u>34</u>		
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:	Mar 5145	celo A OLiveiro Lonsdowne Mo Enter Florida street address	, > /		
	YOU	<u>4e + to</u> , Florida <u>34</u> City Ziu	221-6519 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 Changing Registered Agent, Signature of New Registered Agent

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>:

MGR = Ma MGRM = I	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGR</u>	Ivair Siva	5334 Carnen A. Sarasota - Fl 34235	Add Remove
***************************************			Add Remove
			Add Remove
			Add Remove
			Add &
	 		Add Remove
D. If amen	Resignation of	Registered Agex	and 1)
_			- ,
Dated	une 10, 20	20	
×	Marcelo	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00