

L10000029679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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10 JUL -6 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Oregon JUL -7 2010

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TOUR HOUSE 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:

FREDD MONTOYA

Name of Person

THE EXECUTIVE FINANCIAL GROUP

Firm/Company

10181 NW 58TH ST UNIT 9

Address

DORAL, FL 33178

City/State and Zip Code

freddmontoya@theexecutivefinancialgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FREDD MONTOYA

Name of Person

at ( 305 )

463-0155

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**TOUR HOUSE LLC**

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/17/2010 and assigned  
Florida document number L10000029679.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

2315 NW 107TH AVE

WHSE 1B19 BOX 133

DORAL, FL 33172 US

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

2315 NW 107TH AVE

WHSE 1B19 BOX 133

DORAL, FL 33172 US

**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:

*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 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

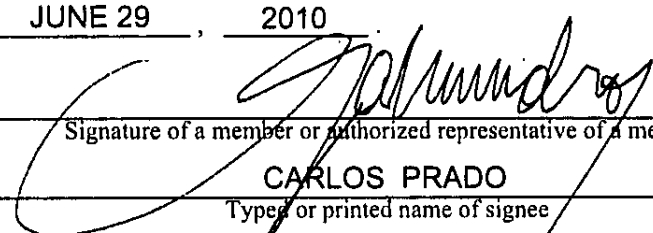
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MAGALHAES, DANIEL	RUA DA CONSOLACAO 247 9A SAO PAULO SP 01301	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated JUNE 29, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

CARLOS PRADO

\_\_\_\_\_  
Type or printed name of signee

Page 2 of 2

Filing Fee: \$25.00