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TALLAHASSEE FLORID

B. BOSTICK
MAY - 9 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: America Octore Holdings LLE 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:
Jarch Carpel Name of Person
Anarca Octara Holdings UC
4160 Nim 1st Me #T
Boca Rolan F (3343) City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tared Carpel at Slel, 900 - Rale Fig. 3 Name of Person Area Code & Daytime Telephone Number 5 Name of Person Area Code
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{S55.00 Filing Fee & S60.00 Filing Fee, Scrifficate of Status} \text{Certified Copy (additional copy is enclosed)} Certified \overline{\overline
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**

American Octon	a th	vib/c	$\int a$	سار	6	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	nited Liability C	Company)				
The Articles of Organization for this Limited Liability Com	npany were file	ed on \overline{S}	19/3	20/0	≥and a	assigned
Florida document number 100003073	7/					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited	d liability con	npany here:				
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liabi	lity Company,"	the designa	tion "LL	C" or th	e abbreviation
Enter new principal offices address, if applicable:				_ -		
(Principal office address MUST BE A STREET ADDRES	<u>S.S)</u>			<u>></u> (r.		
Enter new mailing address, if applicable:				Allassal	HAY -5	A DEF THE CO
(Mailing address MAY BE A POST OFFICE BOX)						rements
			_	.ORIDA	6: 0 :5	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ress on our	records, <u>e</u>	nter the	name	of the nev
Name of New Registered Agent:	7.0	N.' /	<u>, l</u> ,			
New Registered Office Address:		Enter I	Florida stre	et addre.	ss	
			, Florie	da		
	City				Zip Co	ode
New Registered Agent's Signature, if changing Registered A	<u>gent:</u>					

Λ

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, 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 = Manager

MGRM = Managing Member Type of Action **Title** <u>Address</u> <u>Name</u> Remove ☐ Add ☐ Remove Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00