L1000036092

(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	y/State/Zip/Phon	e #)		
PłCK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nar	me)		
(Doc	cument Number)	<u> </u>		
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

B. KOHR

AUG 1 2011

EXAMINER



000210104750

08/01/11--01025--025 **100.00





Sonstate Reseau Requester's Name						
City/State/Zip Phone #	TANG-1 PROPERTY.					
	Office Use Only					
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):						
1. FUSILIET Roal (Corporation Name)	Group St Cloud					
2. (Corporation Name)	(Document #)					
3. (Corporation Name)	(Document #)					
4. (Corporation Name)	(Document #)					
	_					
Walk in Pick up time Mail out Will wait	Photocopy Certificate of Status					
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger					
OTHER FILINGS	REGISTRATION/QUALIFICATION					
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other					
CR2E031(7/97)	Examiner's Initials					

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 Company w	ere filed on	04/02/2010	and assigned	
Florida document numberL100000	36092				
This amendment is submitted to amend the fo	ollowing:				
A. If amending name, enter the new name	of the limited liabili	ty company her	<u>e</u> :		
The new name must be distinguishable and end v "L.L.C."	with the words "Limited	d Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		N/A			
(Principal office address MUST BE A STRE	EET ADDRESS)				
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and registered agent and/or the new registered		e address on o	ur records, <u>enter th</u>	ne name of the new	
Name of New Registered Agent:	N/A				
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 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 Age

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 **Type of Action** Title Address Name **DENISE HARDY** MGR 10645 NARCOOSSEE ROAD ☐ Add √ Remove ORLANDO, FL 32829 ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a thember or authorized representative of a member ALEXANDRE M. MESTDAGH

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee