## L10000042873

(Re	equestor's Name)	
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C. LEWIS

MAY 4 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registr	ation Section n of Corporations	<b>4.</b> %	Hig.	1/2		٠	
SUBJECT:	Florida	Slobal Name of Limite	Propled Liability C	whes a	<u> </u>		
The enclosed Art	ticles of Amendment and	fee(s) are subm	nitted for filin	ıg.			
Please return all	correspondence concern	ng this matter to	o the followir	ng:			,
	2	ola Na	rvaez				
			Name of	Person			
•	Flor	uida 61	obol f	Properti	es Li	<u>'C</u>	
		44 W.	. 6/ov Addre	rial D	U ·		
		DR/and	Otty/State and	<i>328</i>	04		
		DR/andle Vaglobal	prop a	6 mail	Com_ t notification)	<del>)</del>	
For further inform	nation concerning this n						
Lola A	Name of Person		at (_ <u></u>	21, 217 Area Code & D	- 894/ Daytime Telep	hone Number	_
Enclosed is a che	ck for the following amo	ount:					
\$25.00 Filing		ng Fee & te of Status	Certific	iling Fee & ed Copy onal copy is end	closed)	\$60.00 Filing Certificate of Certified Co (additional of	of Status &

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 ARTICLES OF ORGANIZATION **OF**

FILED

2010 MAY -3 PM 2 29

	hal properties, LL	
( <u>Name of the Limited I</u> (A	Liability Company as it now appears ( Florida Limited Liability Company)	SECRETARY OF STATE ON OUR PECONDS. TALLAHASSEE, FLORID
The Articles of Organization for this Limited Lia Florida document number	bility Company were filed on	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	'ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter	· Florida street address
		. Florida
	City	Zip Code
Naw Degistered Agent's Signature if changing Re	gistered 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 = Mana MGRM = Ma	ager nnaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGR</u> M	Lola Narvaez		Add Remove
			Add Remove
			Add
			Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter	change(s) here: (Attach additional sheets, if r	necessary.)
		/	ZIIO MA
Dated	4/21/10 / /. Xddfarvol	<u> </u>	2010 MAY -3 PM 22 28 SECRETARY OF STATE ALLIAH ASSEE, FLORIDA
_	Signature of Landon	nember or authorized representative of a member    Jak val 2   Typed or printed name of signee	DE 23

Page 2 of 2

Filing Fee: \$25.00