## 10000043662

(Req	uestor's Name)	
(Add	ress)	
(Add	lress)	
(City	/State/Zip/Phone	<del>9</del> #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
,		
٠		

Office Use Only



600183343126

07/23/10--01014--004 \*\*25.00

T. CLINE

JUL 26 2010

**EXAMINER** 

## **COVER LETTER**

Division of Corporations	
SUBJECT: Law Office of Aubrey E. Herrandez - Solew, LCC 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:	
Name of Person  Law Office at Aubrey E. Herrandez-Solaun, LCC Firm/Company	1
For further information concerning this matter, please call:	
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} \text{(additional copy is enclosed)}\$\$ \$\text{Certified Copy} \text{(additional copy is enclosed)}\$\$	sed)

TO:

**Registration Section** 

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

Law office of			) LLC			
(Name of the Limited (A	Liability Company Florida Limited Lia	as it now appears bility Company)	on our record	<u>(S.</u> )		
The Articles of Organization for this Limited Lia		ere filed on	4/23/1	o and a	ıssigned	
Florida document number L10000043	<u> </u>					
This amendment is submitted to amend the follo	amend the following:  e new name of the limited liability company here:  Austral E Hancales - Solaus I C able and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation dress, if applicable:  BE A STREET ADDRESS)  Applicable:  OST OFFICE BOX  and agent and/or registered office address on our records, enter the name of the new as registered office address here:  ed Agent:					
A. If amending name, enter the new name of	the limited liabili	ty company here	<b>:</b>	•		
The new name must be distinguishable and end with "L.L.C."	ey E. Her the words "Limited	nandez - d Liability Compai	Solcusiny," the designa	tion "LLC" or th	ne abbreviatio	m 
Enter new principal offices address, if applies	ible:		<del></del>	<u> </u>		È J
(Principal office address MUST BE A STREE	<u>(ADDRESS)</u>	,		ASS.	22 =	~
•						:#!   
Enter new mailing address, if applicable:				part and	ජ <u>ූ</u>	Ĵ
(Mailing address MAY BE A POST OFFICE I	BOX)			<u> </u>		
B. If amending the registered agent and/or the new registered of	or registered offic fice address here:	ce address on o	ur records, <u>e</u>	nter the name	of the ne	<u>w</u>
			į			
Name of New Registered Agent:	<u> </u>	* *	<u> </u>	*		
New Registered Office Address:		First	an Florida atra	at addraga		
		ели	er ruoriaa sire	ei aaai ess		
		City	, Flori	daZip Co	ode	
				Lap Ct		

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:

<u> Fitle</u>	Name	Address	Type of Action
MANAGE	·		Add
, , , , , , , , , , , , , , , , , , ,			Add Remove
			Add
			Remove
	,		No. 100 No. 1
			23 F
			Add Remove
			Add
			Remove
D. If amend	ing any other information, enter chan	ge(s) here: (Attach additional shee	ts, if necessary.)
			1
		~~~	
Dated	1121110	710 ·	

Page 2 of 2

Filing Fee: \$25.00