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EUNITARY OF STATE

ANY OSSET, FLORID

K. SALY EXAMINER FEB 7 2011

COVER LETTER

TO: Registration So Division of Co			• •
SUBJECT: TU/Ve	n Ägesore, C.A Name of Lim	- LL9	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matte	r to the following:	
	Estebritone	Name of Person C.A. LLC Firm/Company	
		Name of Person	
	Turven Ageorg	C.A. LLC	
		Firm/Company	
	1865 Onchell	Aux A-Gol M. Address	
		Address	·
	Mia-F	City/State and Zip Code	
		-	
	Ste Prnoto me S E-mail address:	to be used for future annual report notifica	tion)
For further information co	oncerning this matter, please of		
EstebenTone	?	ar Bot i SINJe sl	
Esteben To me at (30 T) 539 Je 52 Name of Person at (30 T) 539 Je 52 Area Code & Daytime Telep		elephone Number	
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (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

ARTICLES OF ORGANIZATION F// >
$\mathbf{OF} \qquad \qquad 11_{FFR} = 11_{FFR}$
ARTICLES OF ORGANIZATION OF 11 FEB -3 AM FILE SCALLE (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 were filed on (S / 0) / 20 / and assigned
Florida document number 10000047156
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)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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

New Registered Agent's Signature, if changing Registered Agent:

\$... No

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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> Address **Type of Action** HGRH ☐ Add Remove HERR 1065 . Brichill Ave A-601 Mi- Kl. 33129 HGRM MAdd Remove 1865 Brotell Auc. A-601 Plan (cloride 33129 4624 \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00