## L10000061485

(Requ	estor's Name)	
. (Addre	ess)	
(Addre	ess)	
(D) (	-	
(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	me)
(Docu	ment Number)	
. Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



200187732162

11/29/10--01036--014 \*\*60.00



CHICAGO

T CLINE

NUV 5 0 2010

**EXAMINER** 

## **COVER LETTER**

SUBJECT:	Numl	ba One, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	pondence concerning this matter	r to the following:			
		Gary Mason			
		Name of Person			
		Numba One, LLC.			
		Firm/Company			
	575	0 Major Blvd. Suite# 27	78		
		Address		₹1 ~	
	c	rlando, Florida 32819			Facility of
		City/State and Zip Code		NOV 2	£2.45 <b>4</b>
	F-mail address: (	glm@kmrslaw.com to be used for future annual repor	t notification)		3
For further information	concerning this matter, please of	•	· nouncation,		
	Gary Mason	at ( 732 )	358-2028		
	of Person		Paytime Telephone Number	•	
			,		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certified	te of Status &	d)

MAILING ADDRESS:

TO:

**Registration Section Division of Corporations** 

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

(Name of the Limite)	Numba One, LLC d Liability Company as it now app A Florida Limited Liability Compan	pears on our records.)		
The Articles of Organization for this Limited L Florida document numberL1000006	iability Company were filed on _		and as	signed
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability company	<u>here</u> :		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Cor	npany," the designation '	*LLC" or the	abbreviation
Enter new principal offices address, if applie	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)		Fa D	25
			<u> </u>	pr-
Enter new mailing address, if applicable:			3654E	S promoted
(Mailing address MAY BE A POST OFFICE BOX)			(C2)	
			the state of	er den e
			출. <u>의</u>	•
B. If amending the registered agent and/ registered agent and/or the new registered o		n our records, <u>enter</u>	the name o	of the new
registered agent and/of the new registered o	ince address here.			
Name of New Registered Agent:	Gary Mason			
New Registered Office Address:	5750 Major Bvld. Suite 2	78		
		Enter Florida street ad	dress	
	Orlando	, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere the provisions of all statutes relative to the p				

If Changing Rogistered Agent, Signature of New Registered Agent

Page 1 of 2

accept the obligations of my position as registered agent as provided for in Chapter 198, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, Thereby confirm that the limited liability

company has been notified in writing of this change.

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>	Name	Address	Type of Action	Ī
MGRM	Michael Attardi	1330 Whitney Isles Drive Windermere, Florida 34786	Add  Remove	
MGRM	Gus Andres Van Roon	5750 Major Blvd. Suite 278 Orlando, Florida 32819	☑ Add  Remove	
			Add Remove	
			Add Remove	
			Add Remove	
····-			Add5 Remove	3121
D. If amend	ing any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary),		
_				
Dated	November 24 ,	2010//	_	
	Signature of a north	ber or authorized representative of a member		
	Tur	Gary Mason ped or printed name of signee	· · · · · · · · · · · · · · · · · · ·	

Page 2 of 2

Filing Fee: \$25.00