

10000066658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

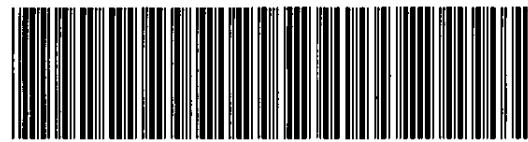
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/23/10--01001--006 **7.50

11/02/10--01006--029 **52.50

FILED

10 NOV 19 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
NOV 22 2010
EXAMINER

Wrong form



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 4, 2010

JAIME RESTREPO
5282 GOLDEN GATE PARKWAY, SUITE C
NAPLES, FL 34116

SUBJECT: TALAKO CONSTRUCTION, LLC
Ref. Number: L10000066658

10 NOV 19 PM 4:05
REGISTRY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for TALAKO CONSTRUCTION, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The Operating Agreement is not required to be filed with the Department of State, please keep with the company's records

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

There is a balance due of \$7.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 710A00025965

COVER LETTER

**TO: Registration Section
 Division of Corporations**

SUBJECT: TALAKO CONSTRUCTION, LLC 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:

Jalme Restrepo

Name of Person

Talako Construction, LLC

Firm/Company

5282 Golden Gate Pkwy - C

Address

Naples, FL 34116

City/State and Zip Code

laime@proinvgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaime Restrepo 239 352-1511 ext 18025

Name of Person

Area Code & Daytime Telephone

Area Code & Daytime 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 enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed)

\$52.50 already paid to Sec of State

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**

Talako Construction, LLC

(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 6/22/2010 and assigned Florida document number L10000066658.

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)

10
10000066658
JULY 19
2010
FLORIDA
STATE
FL
4503
D

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 _____
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 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:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	O.B. Osceola, Jr	711 5TH AVE S. - STE 200 NAPLES, FL 34102	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated October 28 2010

Jaime Restrepo
Signature of a member or authorized representative of a member

Jaime Restrepo - Secretary/Treasurer

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

10 NOV 19 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED