Florida Department of State

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L. SELLERS

JUN 17 2011

EXAMINER

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **FALAMAGA LLC**

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

Division of Corporations
SUBJECT: FALAMAGA 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:
Barbara Dang (Name of Person)
Legalzoom.com, inc. (Firm/Company)
100 W. Broadway Suite 100 (Address)
Glendale, CA 91210 (City/State and Zip Code)
For further information concerning this matter, please call:
Barbara Dang at (323) 962-8600 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Solutions}\$ \$30.00 Filing Fee &

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

FALAMAGALLC (Name of the Limited Liabil (A Florid	lity Company as it now appears on our re la Limited Liability Company)	cords.)	
The Articles of Organization for this Limited Liability			
Florida document number <u>L10000072027</u>	 -		
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation	
B. If amending the registered agent and/or registered agent and/or the new registered office at		s, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	(Enter Floride	a street address)	
	(City)	lorida(Zip Code)	
New Registered Agent's Signature, if changing Register	ered Agent:		
I hereby accept the appointment as registered ages the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	and complete performance of my dutic l agent as provided for in Chapter 608, ered office address, I hereby confirm t	es, and I am familiar with and F.S. Or, it his document is hat the limited liability	
		AM IO: 3:	
	Dage 1 of 1		

	g the Managers or Managing Membe ig Member being added or removed fi	rs on our records, <u>enter the title, name, and add</u> rom our records:	iress of each Manage
MGR = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM.	Roberto Maganuco	28152 PASEO DR., SUITE 195 WESLEY CHAPEL FL 33543 US	Add Remove
MGRM_	ALESSIA MAGANUCO	28152 PASEO DR., SUITE 195 WESLEY CHAPEL FL 33543 US	Add Remove
			Add Remove
			AddRemove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary	v.) ——
Dated 15 June	· 2Ó1	4	
Dated	Storm I del	Ser or authorized representative of a member	
	Steven Falabella	ed or printed name of signee	
	-34	Page 2 of 2	

Filing Fee: \$25.00