L10000074385

(Red	questor's Name)			
(Address)				
(Address)				
(City	y/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
		ļ		

Office Use Only



400184114014

NO MIDIOED TO ACKNOWLEDGE SUFFICIENCY OF FILING RECEIVED

DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

B. KOHR

SEP - 9 2010

EXAMINER

DIVISION OF CORPORATIONS

10 SEP -9 PH 1: 25



ACCOUNT NO. : 12000000195

REFERENCE: 503053

7794169

AUTHORIZATION :

COST LIMIT

ORDER DATE: September 8, 2010

ORDER TIME : 5:03 PM

ORDER NO. : 503053-005

CUSTOMER NO: 7794169

DOMESTIC AMENDMENT FILING

NAME: TANGELO GROUP LLC

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10 SEP 9 PM 1.25

	ΓANGELO G			
(Name of the Limited	Liability Compa	ny as it now appea	rs on our records.)	
The Articles of Organization for this Limited L				and assigned
Florida document number L10000074385				-
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company her	<u>re:</u>	
The new name must be distinguishable and end wit "L.L.C."	th the words "Limi	ited Liability Compa	uny," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:		19 BLAKE	BLVD	
(Principal office address MUST BE A STREET ADDRESS)		CELEBRAT	TION, FL 34747	
Enter new mailing address, if applicable:		19 BLAKE BLVD		
(Malling address MAY BE A POST OFFICE BOX)		CELEBRATION, FL 34747		
B. If amending the registered agent and/or registered agent and/or the new registered of			our records, enter the	name of the new
registered agent and/or the new registered of	nce augress ner	<u>:</u>		
Name of New Registered Agent:	THOMAS	M PALUMBO)	
New Registered Office Address:	19 BLAKE	BLVD		
	<u> </u>	(En	ter Florida street addre	ess)
	CELEBRA	TION	, Florida 347	47
		(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 <u>Address</u> Type of Action **□** Add ☐ Remove Remove Remove ☐ Add Remove _ Add Remove 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 7 Dated_ member or authorized representative of a member KATHY PALIVAS Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00