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T. HAMPTON

OCT - 5 2010

EXAMINER

COVER LETTER

	sed Articles of		AN VASQUEZ LLC ed Liability Company	
The enclo	sed Articles of	Name of Limit	ed Liability Company	
The enclo	sed Articles of		, , ,	
		Amendment and fee(s) are sub	iud Can Cilina	
Please ret	urn all correspo			
		ondence concerning this matter	to the following:	
			JUAN F. VASQUEZ	
	•		Name of Person	
MAYE		MAYE	& JUAN VASQUEZ LLC	
			Firm/Company	
		4733 W	/. TAMPA AVE, APT. 2012	
			Address '	
		TAI	MPA, FLORIDA, 33614	
			City/State and Zip Code	
		E-mail address: (1	o be used for future annual report notificati	ion)
For furthe	er information of	concerning this matter, please c	all:	
	1AUL	N F. VASQUEZ	ut ()	0-3526
Name of Person		of Person	Area Code & Daytime Te	elephone Number
Enclosed	is a check for t	the following amount:		
\$25.00) Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Shows a second serious from the control of the cont
MAILING ADDRESS: Registration Section Division of Corporations		tration Section	STREET/COURIER Registration Section Division of Corporation	

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAYE &	JUAN VASQUEZ LL	<u>-C</u>	
(<u>Name of the Limited Liabili</u> (A Florida	a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	08/10/2010	and assigned SCRET
This amendment is submitted to amend the following:			ARY OF CERPO
A. If amending name, enter the new name of the lin	mited liability company her	<u>·e</u> :	SIA SIA
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
Enter new mailing address, if applicable:		·	
(Mailing address MAY BE A POST OFFICE BOX)			
	<u> </u>		·
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addi	ress
<u></u> -		, 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

It 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 <u>Name</u> Address Type of Action **MGMR** MALYERIS N FLORES 4733 W. WATERS AVE APT. 2012 TAMPA, FL, 33614 ☐ Add ∇ Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPTEMBER 29 2010 Dated_ Signature of a member or authorized representative of a member

MALYERIS N. FLORES
Typed or printed name of signee

Page 2 of 2
Filing Fee: \$25.00