## LLOUDCOFFS

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	(Requestor's Name)				
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(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
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01-11 11	The Street Street				
Special Instructions	s to Hilling Officer:				

L. SELLERS

OCT -1 2010

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Se Division of Con		2 (1 2				
SUBJE	ECT:	ILO	NIAN LLC				
		Name of Limit	ed Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		Sy	dvie Fortier Rosenthal				
			Name of Person				
			Firm/Company				
	7777 North Wickham Road, Suite 12-615						
			Address				
Melbourne, FL 32940							
City/State and Zip Code							
	ilonian.llc@gmail.com  E-mail address: (to be used for future annual report notification)						
For fur	ther information of	concerning this matter, please co	all:				
		Fortier Rosenthal	at (_321_)	445-9495			
	Name	of Person	Area Code & Da	aytime Telephone Number			
Enclos	ed is a check for t	he following amount:					
<b>₹</b> 25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	d)		

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



September 9, 2010

SYLVIE FORTIER ROSENTHAL 7777 NORTH WICKHAM ROAD, STE. 12-615 MELBOURNE, FL 32940

SUBJECT: ILONIAN LLC Ref. Number: L10000085883

We have received your document for ILONIAN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6967.

Letter Number: 310A00021512

Leslie Sellers Regulatory Specialist II

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ILONIA				
(Name of the Limite	d <b>Liability Compa</b> A Florida Limited I	ny as it now appe Liability Company	ars on our records.)	<del> </del>	
The Articles of Organization for this Limited I Florida document numberL1000008	Liability Company		August 16, 2010	and assigned	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company h	ere:		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability Com	pany," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable:		7777 North Wickham Road			
(Principal office address MUST BE A STREET ADDRESS)		Suite 12-615			
		Melbourne,	FL 32940		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7777 North Wickham Road Suite 12-615			
		Melbourne, FL 32940			
B. If amending the registered agent and registered agent and/or the new registered of	-		our records, enter th	e name of the nev	
Name of New Registered Agent:	Sylvie Fortic	er Rosenthal	A SE	10 9	
New Registered Office Address:	7777 North	<del> </del>	ad, Suite 12-615		
		Melbourne	Floridan,	₹329 <b>40</b>	
		City	200	Zip Code	
New Registered Agent's Signature, if changing		25.	<del></del>		

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 **Address Title** <u>Name</u> Type of Action MGR Sylvie Rosenthal 709 Ashbury Avenue ☐ Add Melbourne FL 32940 MGR Sylvie Fortier Rosenthal 7777 North Wickham Road ✓ Add ☐ Remove Suite 12-615 Melbourne, FL 32940 ☐ Add Remove Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Pursuant to s. 608.409(2), Florida Statues, please record the EFFECTIVE DATE of the changes specified in this document above as: 16 August 2010 - 3 Thank you. Leslie, Thank you for you help! Dated 1 September 2010 Symptome Signature of a member or authorized representative of a member Sylvie Fortier Rosenthal

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00