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SEP 21 2010

**EXAMINER** 

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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	Aladino	Services "LLC."		
SUBJECT.		ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	condence concerning this matter	r to the following:		
		Elizabeth Pacheco		
		Name of Person	<b>≥</b> s	281
	Al	Aladino Services "LLC."		2818 SEP
	<del></del>	Firm/Company	75 E	20 F
	4767 Travin	4767 Travini Circle, Apt# A 103 Las Palmas		<b></b>
		Address	101 153	CH : SH HA
	,	Sarasota, FL 34235	NEW YORK	L.
		City/State and Zip Code	· · · · · ·	
	E mail address: (	opis1980@hotmail.com to be used for future annual report notific	otton	
For further information	concerning this matter, please of		ation)	
Eliz	abeth Pacheco	at ( 941 )	379-1809	
	of Person	Area Code & Daytime		
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Shows a second serior of Status Certificate of Status Certified Copy (additional copy is e	
Regis Divis: P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aladino Services "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 Lia Florida document number L100000907		August 30, 2010	and assigned
This amendment is submitted to amend the follow	wing:		PARY ASSE
A. If amending name, enter the new name of t	the limited liability company he	ere:	PER
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	pany," the designation "	LECT or the abbreviation
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter Florida street address		
		, Florida	
	Citv		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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Cristhiam Gutierrez	4698 56th Dr E Bradenton, FL 34203	Add  Remove
MGR	Elizabeth Pacheco	4767 Travini Circle Apt# A 103 Las Palmas Sarasota, FL 34235	
			Add Remove
<del>,</del>			AddRemove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter c	change(s) here: (Attach additional sheets, if necessor	SEGRETARY OF STATE
Dated	September 2	2010 .	<b>5</b>
	<b>O</b> .	irshel Poches	
	Signature of a m	ember or authorized representative of a member	
		Elizabeth Pacheco Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00