L10000097285

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JAN 05 2011

COVER LETTER

TO: Registration Division of C	Section grantions
SUBJECT:	DESTELLOS GROUP LLC.
	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corres	pondence concerning this matter to the following:
	LUIS A. PINEDA Name of Person
	Name of Person
	DESTELLOS GROUP LLC.
	Firm/Company
	4160 SALTWATER BLVD.
	Address
TAMPA, FL. 33615	
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
	JIS A. PINEDA at (813) 880 8403
. Namo	of Person Area Code & Daytime Telephone Number
Enclosed is a check for	the following amount:
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

DES	TELLOS GROUP LLC.	- 181018 - 181018
(Name of the Limited Li (A FI	ability Company as it now appears on orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab	ility Company were filed on SEPTE	2 1!
Florida document number L1000009728	85	3: 51
This amendment is submitted to amend the following	ing:	,
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	le:	
<u>(Principal office address MUST BE A STREET A</u>	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	230	······································
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our re e address here:	ecords, enter the name of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	F 171	
	Enter Fl	orida street address
-	City	, Florida 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 <u>Title</u> **Name Type of Action Address** MGRN MARIA L. PINEDA 4160 SALTWATER BLVD. ☐ Add √ Remove TAMPA, FL. 33615 ☐ Add Remove Remove ___ Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member A. Pneda Typed or printed name of signee

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Filing Fee: \$25.00