## L10000103990

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C. LEWIS NOV 2 9 2010 EXAMINER

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Amandine Afons Cooling LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Amandine Afonso Name of Person
Amardine Hons Coaching LC
960 NE 2ND STREET Address
HALLANDE F 33009 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Amandine Afenso at (3.5) 416 - 8939  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} \$\$ \$60.00 Filing Fee, \$\$ \$\$ \$Certified Copy \$\$ \$Cert

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

Amandine Afonso

900 NE 2<sup>ND</sup> STREET

Hallandale, FL 33009

305-416-8939

To whom it may concern,

Please amend:

AMANDINE AFONSO COACHING LLC

**Document Number L10000103990** 

**NEW ADDRESS:** 

900 NE 2<sup>ND</sup> STREET

Hallandale, FL 33009

And please remove

**KEVIN SALAS as a MGRM** 

Amendment documents are attached along with a \$25 check.

Thank you

Amandine Afonso

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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The Articles of Organization for this Limited Liability Company were filed on 10/5/2010 Florida document number L 10000 103990 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: ANANDINE Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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.

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 = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
16RM	Kevin Salas	14979 SW 132 NY AV	← ☐ Add ☐ ☐ Remove
			Add Remove
			Add Remove
			Add Remove
	<del></del>		Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.	)
  			2010 NOV 24 A
Dated	November 19th, 201	<u>o</u> .	M 10: 25
	Amana	or authorized representative of a member	
	Typed	or printed name of signee	

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Filing Fee: \$25.00