

L10000110142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

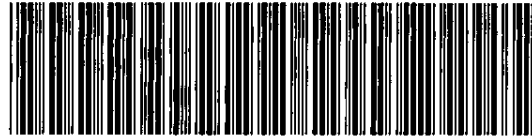
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/10/11--01027--019 **25.00

FILED
2011 FEB -1 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
Feb. 2, 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2011

JULIAN OSPINA
ETHOPIA, LLC
5621 COOLIDGE ST.
HOLLYWOOD, FL 33021

SUBJECT: ETHOPIA, LLC
Ref. Number: L10000110142

We have received your document for ETHOPIA, 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 document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 611A00000945

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ETHOPIA, 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:

JULIAN OSPINA

Name of Person

ETHOPIA, LLC

Firm/Company

5621 Coolidge St

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

julian@jscommunication.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIAN OSPINA

Name of Person

at (954) 274 - 6517

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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**

FILED

2011 FEB -1 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ETHOPIA, 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 Liability Company were filed on 10/21/2010 and assigned
Florida document number L10000110142.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

EHTOPIA, LLC

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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

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

L10000110142

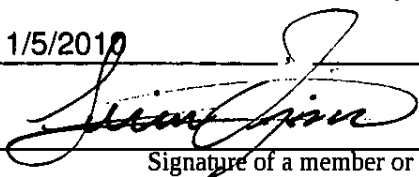
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

1/5/2010

X



Signature of a member or authorized representative of a member

JULIAN OSPINA

Typed or printed name of signee

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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