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SEGRETARY OF A TAILON DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Subject Name of Limited Liability	Company LC				
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the follow	ring:				
Lelly	Zon. of Person				
Chear	Company				
9290 Sun	Set Dr. #103				
City/State a	and Zip Code Shell Swylline (Tuture annual report notification)				
For further information concerning this matter, please call:					
Name of Person at (2	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:					
Certificate of Status Certif	Filing Fee & \$60.00 Filing Fee, fied Copy tional 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 D

FILED SECRETARY OF STATE DIVISION OF CORPORATION
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Zip Code

MATCLES OF	ORGANIZATION	Tarwir Of (UNFURATION!
•	OF	11 MAR 17	SAC CAN
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our d Liability Company)	- -('	Am IT3 00 →
The Articles of Organization for this Limited Liability Compa Florida document number 10000124354	ny were filed on 12-3	>-10	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
Dorah Tot'L Roals	u LhC		
The new name must be distinguishable and end with the words "Li"L.L.C."	mited Liability Company," the	designation "LL	C" or the abbreviation
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 vec-	ands outon the	name of the ways
registered agent and/or the new registered office address h	ere:	orus, <u>enter in</u> g	e name of the new
Name of New Registered Agent:	14		***
New Registered Office Address:			
· · · · · · · · · · · · · · · · · · ·	Enter Flor	ida street addre	SS

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.

City

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> Type of Action Name Address Remove Remove Remove Remove 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 MARIA ANTONIETA BLANDON Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00