U1000128837

(Requestor's Name)
(Address)
(Address)
(marroy
·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sacross Entity Harris)
(Document Number)
Certified Copies Certificates of Status
Consistent and Fill Off
Special Instructions to Filing Officer:
_

Office Use Only



300192095403

01/31/11--01008--015 **35.00

T. CLINE

EXAMINER (28/35)

COVER LETTER

TO: Ro	egistration Section ivision of Corporati	ons	•				
		Fine Co.	nnections, LL		•		
SÚBJECT			ted Liability Compan		•		
The enclose	ed Articles of Amend	ment and fee(s) are sub	mitted for filing.		•		
Please retur	rn all correspondence	concerning this matter	to the following:				
		EvereH	Henry Name of Person	 			
		Fine Co	Myechiov Firm/Company	s. UC	<u> </u>		
	2	11W 40.1	1 <u>d</u> 0 <u>a+5</u>				
	$\overline{\mathcal{S}}$	oyal Palm	Beach, City/State and Zip Co	FL 3	<u>3411</u>	2011 J SECR	rurgi.
	1	E-mail address: (i	o be used for future and	ual report notification	com on)	AHASS	m v byszni m v byszni m
For further	information concern	ng this matter, please c	all:		•		
Lave	Name of Person	rry	at (<u>561)</u> Area (543 - 3 Code & Daytime Tel	og 8 ephone Number	000	•
Enclosed is	a check for the follo	wing amount:					
\$25.00	Filing Fee XS	0.00 Filing Fee & Certificate of Status	\$55.00 Filing F Certified Cop (additional co		Certified	e of Status &	d)

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

Fine Connection	ns LLC	··.
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records Liability Company)	<u>.</u>
The Articles of Organization for this Limited Liability Compan	y were filed on $12/16/2$	_OIO and assigned
Florida document number <u>L100012831</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	·
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	204 Wild 0.	215
(Principal office address MUST BE A STREET ADDRESS)	Royal Palm P	xach, FL 33411
Enter new mailing address, if applicable:	204 Dild 0	3/2
(Mailing address MAY BE A POST OFFICE BOX)	Royal Palm Be	each, FL 33411
	:	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ter the name of the new
Name of New Registered Agent:		
		SS 30 pm
New Registered Office Address:	Enter Florida stree	t address 🚬
•	. Florid	
	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 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 = Ma	anaging Member			·
<u>Title</u>	Name	Address		Type of Action
MGRM	Everett Henry	ROYAL PE	ild Oats Im Beach, Fo 33411	Add Remove
MGRM	Lavern Henry	311 CR. ROYAL PA FL 334	ane Roost Im Beach	Add Remove
	, , , , , , , , , , , , , , , , , , , 	· · · · · · · · · · · · · · · · · · ·		Add Remove
				Add Remove
				Add Remove
				Add Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach a	dditional sheets, if necess	ary.)
				ZOII JAN 31 SEGRETARY FALLAHASSE
Dated Sc	invary 25th, 20	<u> </u>		
-	Signature of a member of	Eury or authorized represen	ntative of a member	
_	Lavern Henry	r printed name of sig	nee	· .

Page 2 of 2

Filing Fee: \$25.00