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C. LEWIS

JAN 1 3 2011

EXAMINER

*COVER LETTER TO: **Registration Section** Dimision of Corporations SUBJECT: 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: Address For further information concerning this matter, please call:

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 JAN 12 AM 10: 37

	91			
(Name of the Limited Liabil (A Florid	ity Company as it now ap a Limited Liability Compan	SECRETARY OF STATE TALE AHASSEE. FLORIDA pears on our records.) ny)		
		1141000		
The Articles of Organization for this Limited Liability	Company were filed on	1 4 COII and assigned		
The Articles of Organization for this Limited Liability Florida document number	<u>19</u> .	\ \		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company	<u>here</u> :		
,		-		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Co	mpany," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	DRESS)	·		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
				
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address o	on our records, enter the name of the new		
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 = Mar MGRM = M	nager ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Candice Palma	7280 NW7 St #202 Miami, FC 33124	Add Remove
<u>erm</u>	Cardice Palma	7280 NW7 St #202 Migmi Ft 331210	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.	<i>)</i>
Dated	,		ZOIL JAN 12 AM SECRETARY OF TALLEMHASSEE. F
	Signature of a member	recauthorized representative of a member AND PEISS Tor printed name of signee	AM 10: 37 Y OF STATE SEE: FLORIDA

Page 2 of 2

Filing Fee: \$25.00