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2011 JAN 18 PM & 49
SECRETARY OF STATES
TALLAHASSEE, FLORIDA

C. LEWIS

JAN 1 9 2011

EXAMINER

COVER LETTER

TO: Registration Division of C	Section % % Orporations	ł, -15 ·	· · · · · · · · · · · · · · · · · · ·
SUBJECT.		EF LLC	
SUBJECT:	· Name of Lin	nited Liability Company	
			Contract to the second
The enclosed Articles	of Amendment and fee(s) are su	ibmitted for filing.	• • •
Please return all corres	pondence concerning this matte	er to the following:	
	A	LAN H. PASTOR, CF	PA
		Name of Person	
	PASTO	OR & GOLBOIS CPA	s, P.A.
		Firm/Company	
	7700 C	ΓΕ 1139	
		Address	<u> </u>
	B(DCA RATON, FL 334	87
		City/State and Zip Code	
	6	apastor@pg-cpa.com (to be used for future annual re	<u>. </u>
			port notification)
For further information	concerning this matter, please	call:	
AL.	AN H PASTOR	at (561)	995-1935
Name	of Person		& Daytime Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Regis	LING ADDRESS:	Registratio	
P.O.	ion of Corporations Box 6327 hassee, FL 32314	Clifton Bu 2661 Exec	f Corporations ilding utive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2011 JAN 18 PM & 50

	EF LLC	SECRETARY OF STATES TALE AHASSEE FLORIDA		
(Name of the Limited)	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Lia Florida document number	· · ·	ANUARY 4, 2011 and assigned		
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability company here	⊉ :		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE B</u>	(OX)			
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on or ice address here:	ur records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	City	, Florida Zip Code		
•	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ELIANE SORES COELHO	12328 WEDGE WAY BOYNTON BEACH, FL 33437	Add✓ Remove
			Add Remove
			Add Remove
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
D. If ame	ending any other information, enter ch	ange(s) here: (Attach additional sheets, if necessa	nry.)
- - -			ZÔII JA
Dated	10,7	1. Pasta CPA	JAN 18 PH & 5
	A	nber or authorized representative of a member LAN H PASTOR, CPA ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00