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SECRETARY OF STATE
ALLAHASSEE F-STATE

D. BRUCE

NOV 0 2 2011

EXAMINER

COVER LETTER

TO: Registration Division of C	Section Corporations					
SUBJECT:	EB E	STERO, LLC				
		nited Liability Company				
	of Amendment and fee(s) are su	J				
Please return all corre	spondence concerning this matte	er to the following:				
		HEIKE BUSBY				
		Name of Person		_		
	ALL	URE ACCOUNTING, LLC	2			
		Firm/Company		_		
	3665 BO	NITA BEACH ROAD, ST	E. 1-3	Ā.∽		
		Address				
	BON	IITA SPRINGS, FL 3413	4	HAS	NOV -	1)
		City/State and Zip Code		- 338 1		j
	HBUSBY@	DALLUREACCOUNTING	G.COM	7. F. S		
For further information	n concerning this matter, please	to be used for future annual report r	olification)	LORIC	3 39	
To Turdie Information	reoncerning this matter, please	can.		A		
	RENA LOEFFLER	at (_239)	992-3355			
Nam	e of Person	Area Code & Day	rtime Telephone Numbe	er		
Enclosed is a check fo	r the following amount:					
▼\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certifie	ate of Sta	ıtus &	osed)
Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COU Registration Se Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g : Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		ERO LLC		
(<u>Name of the Limited</u>	Liability Comp A Florida Limited	pany as it now appear I Liability Company)	s on our records.)	
The Articles of Organization for this Limited L Florida document numberL1100000		ny were filed on	01/13/2011	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited lia	ability company her	<u>e</u> :	
	N _i			
The new name must be distinguishable and end wi "L.L.C."	th the words "Lis	mited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applic	able:	N/A		
(Principal office address MUST BE A STREE	ET ADDRESS)			HARRY HARSE
Enter new mailing address, if applicable:	PO10	N/A		E. FLORIG
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and/ registered agent and/or the new registered o			our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:		Eni	er Florida street add	Iress
			, Florida	
		City	,,	Zin 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
MGR	MARIO MICHETTI, JR.	20337 LARINO LOOP ESTERO, FL 33928	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin <u>N/A</u>	g any other information, enter change(s		FILED 11 NOV -1 PM 8
Dated	OCTOBER 21ST , 2011		<u>-</u>
_	MARIC	authorized representative of a member MICHETTI, JR.	
_	Typed or	nrinted name of signee	

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Filing Fee: \$25.00