## 11000008585

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EXAMINER



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SECRETARY OF STATE ALLAHASSEE, FI DATE.

## **COVER LETTER**

TO: Registration Division of	n Section Corporations		
SUBJECT:	Nate	Selvidio LLC	
	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
		Nate Selvidió	
		Name of Person v.	
		Nate Selvidio LLC	وهم المتعلقة على السرب
		Firm/Company	
		1637 Florentino Lane	
		Address	
		Winter Park Fl 32792	-, - t
		City/State and Zip Code	
	E-mail address: (	ate@nateselvidio.com  to be used for future annual report notifica	tion)
For further information	on concerning this matter, please c	all:	
Nan	Nate Selvidio ne of Person	at ( <u>603</u> ) 7	17-2962 elephone Number
Enclosed is a check fo	or the following amount:		
\$25.00 Filing Fee	<del>-</del>	Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
	ILING ADDRESS:	STREET/COURIED	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nate	e Selvidio LLC		
(Name of the Limited Liability (A Florida I	Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability C Florida document numberL110000008585	ompany were filed on	anuary 20, 2011 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company here	:	
The new name must be distinguishable and end with the wor 'L.L.C."	ds "Limited Liability Compan	y," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
<u>Principal office address MUST BE A STREET ADDR</u>	<u>RESS)</u>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office additional agent.		r records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Ento	r Florida street address	
	Enter Florida street adaress		
	(YY	, 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 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
<u>MGR</u>	Nathan Selvidio	1637 Florentino Lane Winter Park FL 32792	Add Remove
	<del></del>		Add Remove
			Add Remove
			Add Remove
		Add Remove	
	<u> </u>		Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	_
_			_
  Dated	February 9	2011 . //	_
	Mah		
	_	rember or authorized/representative of a member	
		Nathan Selvidio Typed or printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00