110000926

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

G. MCLEOD

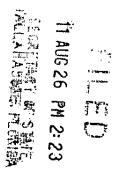
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EXAMINER



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COVER LETTER

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TO: Registration			·
Division of Co	orporations		
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SUBJECT: TIA	Nome of Lim	nited Liability Company	
	Name of Emi	med Liabinty Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	pondence concerning this matte	er to the following:	
	- -		
	~ -		
	HMUSIN	Name of Person	
		ivaine of Person	
	THISWAY,	116	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	i		
	4666 Sie	erra La.	
		Address	
			-
	DOVILOR DE	City/State and Zip Code	1134
Δ.			
7	E-mail address:	(to be used fo) future annual report notificati	on)
For further information	concerning this matter, please	call·	
	tonooning and matter, product		
wit wonf	~~ ^ ?	a(239) 4164 - 3	290
+musin	of Person	at (<u>339)</u> 464 - 3 Area Code & Daytime Te	lephone Number
m 1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	CK+# 169		(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

(Name of the Limited L (A F	iability Company as it no lorida Limited Liability Co	w appears on our records.) impany)	
The Articles of Organization for this Limited Liab		on <u>JAN, 24</u>	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the	he limited liability comp	oany here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liabili	ty Company," the designatio	n "LLC" or the abbreviation
Enter new principal offices address, if applicab	ole: This	way, LLC	
(Principal office address MUST BE A STREET	ADDRESS) 400	L Sierra L	<u> </u>
Enter new mailing address, if applicable:	<u> </u>	ne as ab	5 FL 34134
(Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>	.,	5
1. "e "			<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office		ess on our records, <u>ent</u> e	er the name of the new
Name of New Registered Agent:	·		
New Registered Office Address:		Enter Florida street	address
	City	, Florida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

THICHTAY, IL.

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 **Title** <u>Address</u> **Type of Action** <u>Name</u> (Charae From MGR to MGRAY) Remove MGRM Anam. Jimenez □ Add **Remove** ☐ Add Remove Remove ☐ Add Remove $\prod Add$ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
This LLC was set up incorrectly by my business advised Please remove Ana M. Jimenez completely, From person who should be listed on this LLC. Dated 833 ____, <u>2011</u>. Signature of a member of authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00