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



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EXAMINER

COVER LETTER

| TO: Registration Sect | | | |
|------------------------------|--|---------|--|
| SUBJECT: | Name of Limited Liability Company | | |
| The enclosed Articles of A | Amendment and fee(s) are submitted for filing. | | |
| Please return all correspond | ndence concerning this matter to the following: | | |
| | FERNANDO PIMENTEL Name of Person | | |
| | Firm/Company | | |
| | 19620 LENAINE DR. | | |
| | Address | ं} } | |
| | MiAmi FC 37/57 City/State and Zip Code | IAN 19 | |
| | 173 FPB 1+++ NEX | | |
| For firther information con | E-mail address: (to be used for future annual report notification) oncerning this matter, please call: | 3 C | |
| F. Jan | ne del at (305) 325. 1255 | m o | |
| Name of I | Person Area Code & Daytime Telephone Number | | |
| Enclosed is a check for the | e following amount: | | |
| \$25.00 Filing Fee | S30.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) | tatus & | |

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| N#N 12 | 3 46 | |
|--|---|--|
| (Name of the Limited Liability (A Florida I | Company as it now appears of Limited Liability Company) | n our records.) |
| The Articles of Organization for this Limited Liability C Florida document number <u>L110000 17430</u> | ompany were filed on <u>FE</u> J | |
| 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." | rds "Limited Liability Company | "the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | 7 7 7 7 7 7 7 7 7 7 |
| (Principal office address MUST BE A STREET ADDR | RESS) | 7 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 9 PHI2: 06 SEE, FLORIDA |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | 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 = Manager

MGRM = Managing Member **Address** Type of Action **Title** <u>Name</u> Remove Remove Remove Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00