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Office Use Only



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EXAMINER
MAR 3 2011

COVER LETTER

Division of Corporations
SUBJECT: FEdland of CEntral Florida LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rolando Roblejo Name of Person
Fedland of Central Florida.LLC
13224 Heather Moss Dr. Apt 1205 Address
Orlando, FL 32837 City/State and Zip Code F2Cabral @ msn. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Frederico Cabral at (407) 480-9871 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{\$\subset}\$} \text{\$\text{\$\subset\$}\$60.00 Filing Fee, Certificate of Status & Certified Copy (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

FILED

11 MAR -2 PM 3: 45

Zip Code

Fedland of Centr (Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.
(A Florida Limited Lia	bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on 02/17/2011 and assigned
Florida document number <u>L110000 20899</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and end with the words "Limited "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	······································
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ee address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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.

City

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 Name Federico Cabral MGRM ORIGINAO ☐ Add Remove ☐ Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Federical Cabral
Signature of a member or authorized representative of a member Federico CABRAL
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00