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SECRETARY OF STATE
SECRE

J. BRYAN

APR 14 2011 .

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Magali Suarez - Uano Name of Person  Firm/Company  2917 W WILCLET AVE
	Firm/Company
	2917 W WILCOT AVE
•	Tampa FI 33614 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
<u> </u>	Name of Person at (813) 494 – 8498  Area Code & Daytime Telephone Number
Enclose	d is a check for the following amount:
□\$25.	00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee &  \text{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

(Name of the Limited L	a Clean		n our records.)	SE S
The Articles of Organization for this Limited Lia Florida document number <u>L1100003145</u>	bility Company v	_		Oll and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, <u>enter the new name of t</u>	the limited liabil	ity company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Company,	" the designation "	LLC" or the abbreviation
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE B</u>	<u>0x)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered offi			records, enter	the name of the new
Name of New Registered Agent:	<u></u>	gali Svare	ez-Llanc	<u> </u>
New Registered Office Address:	2917	W Wilcles	AUC Florida street add	dress
	Tar	npa City	, Florida	33614 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. Thereby 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
			Add Remove
			□ n
•	<u></u>		
• 			
D. If am	ending any other information,	enter change(s) here: (Attach additional sheets, if	necessary.)
			SEGRETAN SEGRETAN SEGRETAN
Dated	04/11/2011		AMII:52 SSEE, FLORID.
	Signature Magal? S	e of a member or authorized representative of a member  OAREZ - LADO  Typed or printed name of signee	
	,	Typed or printed name of signee	

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Filing Fee: \$25.00