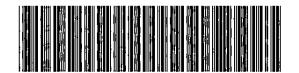
# L11000029944

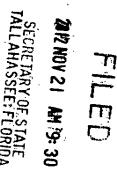
	(Requestor's Name)	
	(Address)	
	(Address)	
<del>.</del>	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL:
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

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J. SAULSBERRY EXAMINER

NOV 26 2012

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: CAVALLO	IMPORTS, L.L.C.  Name of Limited Liability Company			
	reality of Eliminos Blacking Company			
The enclosed Articles of Amendment	and fee(s) are submitted for filing.			•
Please return all correspondence conc	erning this matter to the following:			
Ann	ette Cavallo			
	Name of Person			
Cav	allo Imports, L.L.C.			
	Firm/Company			
352	3 Jamison Dr.			
	Address	TAE 3E		
Apo	pka, FL 32703	CAE	PZ NOV 2	7
	City/State and Zip Code	ASS.	2	
arcav	allo@gmail.com	E O	<b>&gt;-</b>	П
	E-mail address: (to be used for future annual report notification)	FL(ST	<b>عد</b> دة	
For further information concerning th	is matter, please call:	ZEAT	M 9: 30	`
Annette Cavallo	<sub>at</sub> 407 342-9497	A	0	
Name of Person	Area Code & Daytime Telephone Number			
	•			
Enclosed is a check for the following	amount:			

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

### MAILING ADDRESS:

■\$30.00 Filing Fee &

Certificate of Status

☐ \$25.00 Filing Fee

Registration Section

(Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(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

CAVALLO IMPORTS, L.L.C.		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our reco a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	Company were filed on 03/10/2011	and assigned
Florida document number L11000029944	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
ANNETTE CAVALLO IMPORTS, L.L.C.	•	
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<del></del>	A SE
(Principal office address MUST BE A STREET ADI	DRESS)	ARE TO THE
•		ASS
		THE PERSON NAMED IN THE PE
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		REE S
		<b>→</b> •
B. If amending the registered agent and/or registered agent and/or the new registered office ad	istered office address on our records, dress here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		rida
	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>	Name	Address	Type of Action
MGRM	Annette R. Cavallo	283 CRANES ROOST BLVD SUITE111 #14	Add
		ALTAMONTE SPRINGS FL 32701	Remove
			Add Remove
		SECRETAR)	Add Remove
		SECRETARY OF STATE NLLAHASSEE, FLORIDA	Add Remove
			Add Remove
			Add
			Remove

. If amending any other information	on, enter change(s) here:	(Attach additional sheets, if necessary.)
	.,	
November 16	, <u>2012</u> .	
annett	Caval	lo
Signa ANNETTE R. CA		ed representative of a member
	Typed or printed n	ama of signer

Page 3 of 3

Filing Fee: \$25.00

ZIP NOV 21 AN 9: 30
SECRETARY OF STATE