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K. SALY EXAMINER

FEB -7 2013

COVER LETTER

Division of Cor	rations			
SUBJECT:	ALOHA	werrness	Courer	LLC
	Name of	Limited Liability Com	pany	
The enclosed Articles of	Amendment and fee(s) ar	re submitted for filing.		
Please return all correspo	ndence concerning this m	natter to the following:		
	\bigcirc	ize a T Name of Per) , EPPT	
		Name of Per	son	
	 	Firm/Compa	ıny	
	101 (akiyle D) P ,	
		Address		
	PALM	HARBO	A, FL 3	34683
	D	City/State and Zi	p Code	~ M
	E-mail addr	Reppy © 3	annual report notificat	ion)
For further information co				
2.	Sert. f Person	at (72=	7) 743 - l	5971
Name of	f Person	Α	rea Code & Daytime To	elephone Number
Enclosed is a check for th	ne following amount:			
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Stat		ng Fee & Copy	□\$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

TO:

Registration 3

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

, ,,,	ORGANIZATION	F11 -
	OF	13 FEB LED
ALONA COLLAR	ess Center, LL	13 FEB -4 PM 12: 18
	•	Tresports 16 10 10 10 10 10 10 10 10 10 10 10 10 10
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ted Liability Company)	ir records.
The Asialan of Ossailand Control to the Line Control of the Contro	71,	8 2011 and assigned
The Articles of Organization for this Limited Liability Comp	pany were filed on 711	812011 and assigned
Florida document number L11 0000 33 019		
This amendment is submitted to amend the following:		
The amount is such made to among the following.		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ords, enter the name of the new
registered agent analytime new registered office address	ucic.	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Flor	rida 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 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>Name</u> <u>Address</u> **Type of Action** NONA REPRY MGRM Carlyle DR 101 Remove 34683 Remove Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	• • • •
•	
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Dated	1/30/2013
	Signature of a member or authorized representative of a member
	Rosenr Remy
	Typed or printed name of signee

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Filing Fee: \$25.00