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C. LEWIS APR 27 2011

**EXAMINER** 

## **COVER LETTER**

Kelucesca, LLC

Name of Limited Liability Company

ALINI:

LEWIS

Regulatory Specialist#

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Registration Section
Division of Corporations

**SUBJECT:** 

Please return all correspondence concerning this matter to the following:

L. Maryser Calderón				
/ Name of Person				
Kelucesca, LLC				
Firm/Company				
3923 NW 94th Way				
Address				
Sunrise FL 33351				
Helucesco @ hot mail. com				
City/State and Zip Code  Helucesco (a hot mail. com  E-mail address: (to be used for future annual report notification)				

For further information concerning this matter, please call:

Rourdes Marysev at 984 636-0382

Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$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

2011 APR 26 PM 18 27

Keluc	esca,	LLC.	SECRETARY OF STATE
(Name of the Limited Liabili (A Florida	ty Company as it now Limited Liability Com	appears on our reco	SECRETARY OF STATE rds.) TALLAHASSEE, FLORID
The Articles of Organization for this Limited Liability Florida document number	Company were filed of	on March	22,2011 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability compa	ny here:	
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability	Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		s on our records,	enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida str	reet address
		. Floi	rida
<del></del>	Citv	,	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.

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title Type of Action** <u>Name</u> **Address** Lourdes Marysev M Velandia -Calderón Remove ☐ Add ☐ Remove ☐ Add Remove  $\neg$  Add Remove  $\Box$ Add ☐ Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) amendment is with the co-owner April 14th 2011 Dated Cesar A. Calderón
Signature of a member or authorized representative of a member Cesar. A. Calderón
Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00