# 111000059203

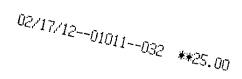
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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FILING CANCELLED RETURNED CHECK



2012 FEB 17 AM 9: 14
SECRETARY OF STATE

J. SAULSBERRY EXAMINER

FEB 20 2012

### **COVER LETTER**

TO:	Registration S Division of Co					
SUBJE	СТ:	Simply Name of Limi	YO, LLC ited Liability Company	<u></u>		
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please 1	eturn all corresp	ondence concerning this matter	to the following:			
			Maria Corrales Name of Person			
		Simply 40,	uc alba. Ready Firm/Company			
		<u>401</u> Ind	Guif BLVD  Address  Uan Rocks Bch, FL  City/State and Zip Code	. 23785	2012 FEB 17 AM 9: 14 SECRETARY OF STATES TALLAHASSEE, FLORIDA	En registration
		E-mail address: (1	City/State and Zip Code  Covabby by U.S. Covabby by U.S. covabby by U.S. covabby by U.S. covabbe used for future annual report notifications.	ation)	Y OF STATE EE. FLORIG	
For furt	her information of	concerning this matter, please c			V V	
	Maria (	Mia) Corralos of Person	at (727 <u>) &amp; 57 - 4</u> Area Code & Daytime 7	309 Felephone Number		
Enclose	d is a check for t	he following amount:				
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	sed)

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

### FILING CANCELLED RETURNED CHECK

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

( <u>Name of the Limited Liability Co</u> (A Florida Limi	npany as it now appea ted Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Comp.  Florida document numberL110000 59203.	oany were filed on	May 19,201	1 and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Comp	any," the designation "L	LC" or the a	bbreviatio
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	5)	AL	201: _\$E	
	<del></del>	LAI A 3 3	FEB 17	1700
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			F STATE	<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, <u>enter t</u>	he name o	f the ne
Name of New Registered Agent:				
New Registered Office Address:				
	En	iter Florida street addi	ress	
		, Florida		
	City		Zip Code	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

## FILING CANCELLED RETURNED CHECK

<u>Title</u>	<u>Name</u>	Address	Type of Action	<u>n</u>
MGRM	Jose T. Corrales	401 Guif BLVD Indian Rocks Beh, Fl 33785	Add Remove	
<del></del>			Add Remove	
			Add Remove 	
			Add Remove 	
			Add Remove	
			Add Remove	
D. If amend	ing any other information, enter change(s	s) here: (Attach additional sheets, if necessary), AHASSEE	2012 FEB 17 AL	
		FLORIDA	# 6 HV	
Dated	02-15-12		_	
	Maria	authorized representative of a member  Covales  printed name of signee		

Page 2 of 2

Filing Fee: \$25.00