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G. MCLEOD

SEP 12 2011

EXAMINER



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SECRETARY OF STATE
SALLAHASSEE, FLORIO

COVER LETTER

TO:	Registration Section Division of Corporations
SUŖJE	
	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Pot Padillo
	Name of Person OURHOO, LLC
	2260 AULT to But bu.
	Merwoter 12. 33765
•	City/State and Zip Code City/State and Zip Code City/State and Zip Code (E-Mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
_('	at (Hedi/la a) 171-9988
·	Name of Person Area Code & Daytime Teléphone Number
Enclos	ed is a check for the following amount:
\$25	5.00 Filing Fee S30.00 Filing Fee SCertificate of Status S55.00 Filing Fee Scertificate of Status S55.00 Filing Fee Scertificate of Status Scertificate of Status Scertified 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

Compány as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number This amendment is submitted to amend 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 "Limited Liability Company," the designation "LLC" or the abbreviation "L,L,C," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the same registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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 Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
MZRM	Nabil S. Dib	1703 N. taypa St. #11	Add Remove
MZ <u>RM</u>	Kaanklin Padilla	Charwater, 12. 33765	Add Remove
7015-103-			Add Remove
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D. If amend	11 -	nge(s) here: (Attach additional sheets, if necessary.) USIAS HO DI CHUNSED HO!	
	19/10 fulf to B	ay by Charvater I	<u>7</u> 33765 'Ila .
Dated		2000	
	PAT RICIA Type	per or althorized representative of a member A F PAD (UA) ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00