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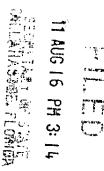
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EXAMINER



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COVER LETTER

TO:

Registration Section

Division of C	orporations			
SUBJECT:	FLORIDA'S	GREATEST, LLC		
		nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	er to the following:		
	ALI	ALEJANDRO D MARTINEZ		
		Name of Person		
FLORIDA'S GREATEST, LLC				
		Firm/Company		
	530 LEE DR			
		Address		
	MIA	AMI SPRINGS,FL 33166		
	RIC	City/State and Zip Code		
	E-mail address:	KOLIVA@YAHOO.COM (to be used for future annual report not	ification)	
For further information	concerning this matter, please	call:		
-	RIQUE OLIVA	at (_786_)	975-9400	
Name	of Person	Area Code & Daytir	ne 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 enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regis Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Corpor Tallahassee, FL 32	on orations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FLORIDA'S GREATEST, L	LC				
(Name of the I	Limited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)				
The Articles of Organization for this Lin	nited Liability Company were filed on	07/11/2011	and assi	gned		
Florida document numberL110	00079102					
This amendment is submitted to amend t	the following:					
A. If amending name, enter the new n	name of the limited liability company he	ere:				
The new name must be distinguishable and "L.L.C."	end with the words "Limited Liability Comp	pany," the designation "L	LC" or the ab	breviation		
Enter new principal offices address, if	applicable:	,,,	···			
(Principal office address MUST BE A S	STREET ADDRESS)		9.			
			5. 5	1		
Enter new mailing address, if applicab	ole:		<u>o</u>	3		
(Mailing address MAY BE A POST OF	FICE BOX)		File P			
		<u> </u>	ြုံးပုံ, မှာ	g-meswa 2		
						
B. If amending the registered agent	t and/or registered office address on	our records, enter tl	ne name of	the nev		
registered agent and/or the new registe	ered office address here:					
Name of New Registered Agen	<u> </u>					
New Registered Office Address	• • • • • • • • • • • • • • • • • • • •		_			
New Registered Office Address		Enter Florida street address				
	City	,, 5 101 1000	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 Changing Registered Agent, Signature of New Registered Agent

If amending the Maisigers 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** MGRM EDUARDO GOMEZ III 4741 LAKESIDE CIRCLE EAST DRIVE Add **DAVIE FL 33314** √ Remove □ Add Remove ☐ Add Remove Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **AUGUST 12** 2011 Signature of a member or authorized representative of a member ALEJANDRO D MARTINEZ

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00