## L/1000098296

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**EXAMINER** 



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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Division of C	i Section Corporations					
SUBJECT:	FLORIDA CONNE	EXION PROPERTI	ES LLC			
	Name of Lin	nited Liability Company		_		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corre	spondence concerning this matte	er to the following:				
		ROSANA ALMEIDA				
	Name of Person					
	FLORIDA C	FLORIDA CONNEXION PROPERTIES LLC Firm/Company  8113 BREEZE COVE LANE Address				
	811					
Orlando, Florida 32819				SECRETARY TALLAHASSE		
	City/State and Zip Code					
		rosanaalmeida@yahoo.com  E-mail address: (to be used for future annual report notification)				
For further information	n concerning this matter, please	•	And Hollifedioty			
		· · · · · · · · · · · · · · · · · · ·		<b>₩</b>		
	SANA ALMEIDA	at (_407_)	4685600	<u> </u>		
Nam	e of Person	Area Code &	z Daytime Telephone Num	ber		
Enclosed is a check for	r the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Certifi enclosed) Certifi	Filing Fee, icate of Status & ied Copy ional copy is enclo	sed)	
MAILING ADDRESS:		STREET/0				

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA CONNEXION P				
(Name of the Limited Liability Company as (A Florida Limited Liability)	it now appears ty Company)	on our records.)		
The Articles of Organization for this Limited Liability Company were	filed on	08/26/2011	and assi	gned
Florida document numberL11000098296`				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability of	ompany here	:		
The new name must be distinguishable and end with the words "Limited Li"L.L.C."	ability Company	y," the designation "L	LC" or the al	bbreviation
Enter new principal offices address, if applicable:		. ,		
(Principal office address MUST BE A STREET ADDRESS)				
		A	<u> </u>	- <del></del>
		LAH	NET TO SERVICE TO SERV	
Enter new mailing address, if applicable:		As	Z.A.	- 20
(Mailing address MAY BE A POST OFFICE BOX)				
		117	32	
		ORIG		
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	ddress on ou	r records, enter th	ie n <b>e</b> me of	the new
Name of New Registered Agent:				
New Registered Office Address:			···	
	Ente	r Florida street addr	ess	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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 = Ma	anaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Wilson Lima	582 Brantley Terrace Way # 303, Altam	Add Remove
mbrm	Rosana Almeida		Add Remove
			Add Remove
			Add Remove
			Add Remove 
			Add Remove
D. If amendi	ng any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	2011 NOV 1102
		E FLORIDA	ED
Dated	,,	011	
<del></del>	/1	Wylson Jimer or authorized representative of a member	
		lose Wilson Lima	
-		d or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00