## #1/1000/00407

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K. SALY EXAMINER OCT 1 9 2011

## **COVER LETTER**

TO:	Registration Sect Division of Corpo					
SUBJE						
	<del></del>					
The en	closed Articles of Ar	mendment and fee(s) are sub	omitted for filing.			
Please	return all correspond	lence concerning this matter	to the following:			
	Francisco Veliz					
			Name of Person			
	Epstein, Roth & Associates, LLC					
	7200 Lake Ellenor Dr #100					
			Address			
			Orlando, FL 32809			
	City/State and Zip Code					
	frank@frankveliz.com					
		E-mail address: (1	o be used for future annual report notific	cation)		
For fur	her information con	cerning this matter, please c	ali:			
	Franc	cisco Veliz	at (_407_)	4528256		
	Name of P		Area Code & Daytime			
Enclose	ed 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)		
	MAILIN	C ADDDESS.	STREET/COURIE	TP 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
11 OCT 17 BM 11 .
Fifth harman
ALLAHASSES FLORIST

Eps (Name of the Limite	tein, Roth & And Liability Compa A Florida Limited	Associates, Inv as it now app Liability Company	LLC ears on our r	ecords.)	TOP STATE
The Articles of Organization for this Limited Florida document numberL1100010		were filed on _	Septemb	er 1, 2011 <sub>- 2</sub>	and assigned
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liab	oility company l	nere:		
	N/A	4			
The new name must be distinguishable and end v "L.L.C."	rith the words "Lim	ited Liability Con	npany," the de	esignation "LLC"	or the abbreviation
Enter new principal offices address, if appl	icable:	7200 Lake Ellenor Dr #100			
(Principal office address MUST BE A STRE	Orlando, F	L 32809			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A			
B. If amending the registered agent and registered agent and/or the new registered	office address her		our recore	ds, <u>enter the n</u>	ame of the new
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A		E El t		
		1	Enter Florida	a street address	
			, 1	Florida	
		Citv	<u></u> -	Zij	n 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Sandra Veliz	826 Valnera Ct Kissimmee, FL 34758	Add Remove
			Add Remove
<del>.</del>	·		Add Remove
<del></del>	<u> </u>		Add Remove
	<del>.</del>		Add Remove
			Add Remove
D. If ameno	'Λ	enter change(s) here: (Attach additional sheets, if necessary.)	
			_
Dated	October 14		
	Signatur	e of a member or authorized representative of a member	<del>.</del>
		Francisco Veliz Typed or printed name of signee	<u>.</u>

Page 2 of 2

Filing Fee: \$25.00