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**EXAMINER**



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 AUG -9 PM 1:58

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Paulet, Rios & Associates LLC**  
Name of Limited Liability Company

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 AUG -9 PM 1:58

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Rosa A. Paulet**

Name of Person

**Paulet, Rios & Associates LLC**

Firm/Company

**1917 W St. John Street**

Address

**Tampa FL 33607**

City/State and Zip Code

**Rosa.Paulet@Paulet-Rios-Associates.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Rosa A. Paulet**

Name of Person

at ( **813** )

**468-5851**

Area Code & Daytime 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 enclosed)

\$60.00 Filing Fee,  
Certificate of Status &  
Certified 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  
OF**

Paulet, Rios & Associates LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED STATE  
SECRETARY OF  
DIVISION OF CORPORATIONS  
12 AUG -9 PH 1:58

The Articles of Organization for this Limited Liability Company were filed on November 09, 2011 and assigned  
Florida document number L11000127738.

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:

1917 W St. John Street

**(Principal office address MUST BE A STREET ADDRESS)**

Tampa FL 33607

Enter new mailing address, if applicable:

1917 W St. John Street

**(Mailing address MAY BE A POST OFFICE BOX)**

Tampa FL 33607

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, **Florida**

*City*

*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 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:

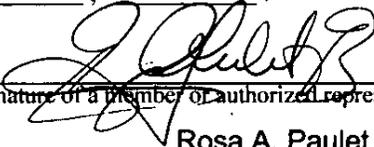
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mr.	Roberto J. Rios	1917 W. St. John Street Tampa, FL 33607	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Mr.	Roberto M. Rios	3256 Chessington Drive Land O Lakes, FL 34638	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated August 8, 2012

  
Signature of a member or authorized representative of a member

Rosa A. Paulet

Typed or printed name of signee