11000131537

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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G. MCLEOD

MAR 22 2012

EXAMINER



800225144108

03/21/12--01023--004 **25.00



COVER LETTER

| TO: | Registration S Division of Co | | • | |
|--|----------------------------------|--|---|---|
| SUBJECT: IN E | | | LOOM ,LLC | |
| | | Name of Lim | ited Liability Company | ··· |
| The en | closed Articles o | f Amendment and feo(s) are su | omitted for filing. | |
| Please | return all corresp | ondence concerning this matte | to the following: | |
| | | | | |
| | | | Name of Person | |
| | | | Firm/Company 7401 FAIRWAY TR | |
| | | | Address | |
| | | BC | CA RATON, FL. 33487 | |
| | | | City/State and Zip Code | |
| | | E-mail address: (| BARVO@MSN.COM to be used for future annual report notifi | cation) |
| For fur | ther information | concerning this matter, please of | • | , |
| | | GUEL BARVO | ai (| 369-9202 |
| | Name | of Person | Area Code & Daytime | : Tel e phone Number |
| Enclose | ed is a check for t | the following amount: | | |
| \$2 5. | 00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 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 | | ration Section on of Corporations Box 6327 | STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cerutal Tallahassee, FL 323 | n ations ater Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13

| - 10 Bla | UM LLC | | | _ | |
|---|------------------------------|----------------------------|------------------|------------------|-------------------|
| (Name of the Limited Liabili (A Florida | Limited Liability Compar | ny) | | | |
| The Articles of Organization for this Limited Liability Florida document numberL11000131537 | Company were filed on | November, 18,201 | 1 and | d assig | ned |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the lin | mited liability company | here: | | | |
| The new name must be distinguishable and end with the w "L.L.C." | ords "Limited Liability Co | mpany," the designation "l | LLC" or | the abl | previation |
| Enter new principal offices address, if applicable: | | | ••• | | |
| (Principal office address MUST BE A STREET ADD | RESS) | | - 20 | $\tilde{\kappa}$ | |
| | WE II | | 2.31 | | -14/41 |
| | | | 100 | 20 | may design. |
| Enter new mailing address, if applicable: | | | (\$1-€ (\$1-€ | | 1 |
| (Mailing address MAY BE A POST OFFICE BOX) | | | 239 | × | 313 |
| | | | 21 | 12 | Tongs of the last |
| | | | Carry Trans | 55 | |
| B. If amending the registered agent and/or registered agent and/or the new registered office ad | | n our records, enter t | he nan | ie of | the new |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | | | |
| | Enter Florida street address | | | | |
| <u>·</u> | , Florida | | | | |
| | City | | Zip C | 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> | Address | Type of Action |
|---------------|---|--|----------------|
| MGRM | Maria Elena Diazgrandos | 7401 Fairway Tr Boca Raton, FL 33487 | Add Remove |
| <u>_</u> | | | Add Remove |
| | <u></u> | | Add Remove |
| - | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amend | ding any other information, enter chang | e(s) here: (Attach additional sheets, if necessary.) | _ |
| | | | _ |
| Dated | February, 22 20 | 012 | _ |
| | Signature of a member | or authorized representative of a member | <u></u> |
| | Typed | Of printed name of signee | <u> </u> |
| | | Page 2 of 2 | |

Filing Fee: \$25.00