"LI1000133608

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,						
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COVER LETTER

TO:	Registration Section Division of Corporat	tions		
SUBJI	ест:	dea/Pride L.I	L.C. ted Liability Company	·
		•		
The en	iclosed Articles of Amer	ndment and fee(s) are sub	mitted for filing.	
Please	return all correspondence	ce concerning this matter	to the following:	
		Jaime I	David	····
·			Name of Person	
			Firm/Company	
		1181 Catho	cart Circle	<u>.</u>
			Address	
	_	Sanford, F	FL, 3277 I City/State and Zip Code	
		Idea 03 & E-mail address: (t	IVE. Com o be used for future annual report notif	
For fur	rther information concer	ning this matter, please ca		,
	Peter Sa	1410	at (386) 848-28	38
	Name of Perso	n	Area Code & Daytim	e Telephone Number
Enclose	ed is a check for the foll	owing amount:		i
\$25	5.00 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

Idealtride L.L.C.
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on Nov. 28, 2011 and assigned
·
Florida document number <u>L11000133608</u> .
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 abbreviati "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
<u> </u>
B. If amending the registered agent and/or registered office address on our records, enter the name of the no
registered agent and/or the new registered office address here:
TALE 12
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida , S
City Zin 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.

lyamending 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				
MERM	Yan Chun Xi	ao Yin	1161 Long Oak WAY Sanford, FL 32775	⊠ Add Remove				
<u>mgrm</u>	Daniel B. Ar	ntonio_	1401 Ashdown Court Sanford, FL. 32771	Add Remove				
M6RM	Giovani M. S	hirley	1140 Catheart Circle Sanford, FL. 32771	Add Remove				
	 			Add Remove				
				Add Remove 				
	<u></u>			Add Remove				
D. If an	nending any other informa	tion, enter change(s	s) here: (Attach additional sheets, if necessary.)					
								
				_				
Dated								
	Signature of a member or authorized representative of a member Peter Satto Typed or printed name of signee							

Page 2 of 2

Filing Fee: \$25.00