11000142561

(Requestor's Name)				
(Address)				
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	ity/State/Zip/Phone	- 1 0		
(0	nty/State/Zip/Phone	z # <i>)</i>		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
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Special Instructions to	Filing Officer:			
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SECRETARY OF STATE
ALL AHASSEE. FLORIDA

COVER LETTER

	itration Science of Co.	ection rporations	-cii , 344		
SURTECT:		ENTREPRENEU	RS IN RED HEELS LLC		
SUBJECT	Name of Limited Liability Company				
		Amendment and fee(s) are su	-		
r rease return a	ar correspo	ondence concerning this matter	to the following.		
		M	MARIA D. RODRIGUEZ		
		`	Name of Person		
			Firm/Company		
_	3157 WAKEUP CT				
41.50			Address		
		к	ISSIMMEE, FL 34744	90 Maria (1971)	
		MPODRI	City/State and Zip Code GUEZ@INREDHEELS.ORG		
		E-mail address: (to be used for future annual report notifica	tion)	
For further infe	ormation c	oncerning this matter, please of	call:		
		D. RODRIGUEZ		50-0502	
	Name o	f Person	Area Code & Daytime T	elephone Number	
Enclosed is a c	heck for th	ne following amount:			
□\$ 25.00 Filin	ng Fee	\$30.00 Fiting 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)	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons x Circle	

A STATE OF THE STA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENTREPRENE (Name of the Limited Liability	URS IN RED HEELS TY Company as it now appears (Limited Liability Company)	on our records.)	
(A Florida	Limited Liability Company)		
The Articles of Organization for this Limited Liability	Company were filed on	12/20/11 and assigned	
Florida document number L11000142561	 -		
This amountment is submitted to amount the full minus			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company	"the designation "LLC" or the abbreviation	
Enter fiew principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	DECO		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		······································	
			
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street address	
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Register	ed Agent:		
I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	nd complete performance of agent as provided for in Chap ed office address, I hereby co	my duties, and I am familiar with and oter 608, F.S. Or, if this document is	
	If Changing Registered Agent,	Signature of New Registered Agent	
	Page 1 of 2	AHASS	

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	GOMEZ, GIA	7485 CONROY-WINDERMERE RD SH ORLANDO, FL 32835	Add Remove
MGRM	THILLET, ANGIE	1812 FOXHALL CIRCLE KISSIMMEE, FL 34741	Add Remove
MGRM	COBOS HULL, CARLA	12819 WINFIELD SCOTT BLVD ORLANDO, FL 32837	_[∕] Add Remove
MGRM	RODRIGUEZ, MARIA	3157 WAKEUP CT KISSIMMEE, FL 34744	_ Add _ Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	-
		,	-
Dated	AUGUST 28 / 2012	2	-
	Signature of a member of	authorized representative of a member	
_		IA M CINTRON printed name of signee	
	Typed or	by water of diffuse	,

Page 2 of 2

Filing Fee: \$25.00

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