L1200000657

(Re	questor's Name)	
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Certified Copies	Certificates	s of Status
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Special Instructions to I	Filing Officer:	
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12 MAR -9 AM 10: 48
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

Registration Section

TO:

Division of Co	rporations	•			
SUBJECT:	Alida Alio	cia Monreal LLC			
SUBJECT.		ted Liability Company	, , , , , , , , , , , , , , , , , , , 		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
•	, and the second	Ç			
		Kelly G Morrow			
		Name of Person			
	C/O Golden Point LLC				
	- · · · · · · · · · · · · · · · · · · ·	Firm/Company			
	411 \	Walnut Street Suite 412	27		
		Address			
	Green	n Cove Springs, Fl. 320	43		
	Oreer	City/State and Zip Code	TO		
		rwahl@inbox.com			
		to be used for future annual report	notification)		
For further information	concerning this matter, please c	eali:			
ĸ	Celly Morrow	at (_904)	859-1622		
Name	of Person	Area Code & Da	aytime 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 encl	\$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		Registration S Division of Co Clifton Buildi	orporations ng ve Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 12 MAR -9 AH 10: 46

			, will =2	' AM 10: 48
	Alida Alicia	Monreal LLC	, KURETAR	C. C. C. Tu = _
(Name of the Limite	d Liability Comp A Florida Limited	pany as it now app Liability Company	ears on our redolds NASSI	E, FLORIDA.
	`		,	-DIVIDA:
The Articles of Organization for this Limited	Liability Compai	ny were filed on _	January 3rd 2012	and assigned
Florida document number L12000	000657			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited lis	bility company h	<u>iere</u> :	
	n	/a		
The new name must be distinguishable and end w "L.L.C."	vith the words "Li	mited Liability Con	npany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if appli	icable:	n/a	u	
(Principal office address MUST BE A STRE	ET ADDRESS)	****		
Enter new mailing address, if applicable:		n/a		
(Mailing address MAY BE A POST OFFICE	E BOX)			-
		 		
			· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and	l/or registered o	office address on	our records, enter the	name of the new
registered agent and/or the new registered of				
Name of New Registered Agent:	n/a			
New Registered Office Address:	n/a			
		1	Enter Florida street addre:	SS
			, Florida	
		City	7	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, <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>	Name	Address	Type of Action
<u>mgrm</u>	Dean Morrow	P O Box 941 Hilliard, FL 32046	
			[] n
 			Damaua
			Add Remove
		Damoua	

D. If amen	- · /a	nter change(s) here: (Attach additional sheets, i	f necessary.)
			FILED 12 MAR -9 AM SLOPELIA NO OF
Dated	March 6	, <u>2012</u> .	MIO: 48
	Signature	of a member or authorized representative of a membe	r
	Signature	Kelly G Morrow	•
	, , , , , , , , , , , , , , , , , , , 	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00