## L12000002811

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(,,	
PICK-UP WAIT	MAIL
(0)	
(Business Entity Name)	
_	
(Document Number)	
Certified Copies Certificates of State	ıs
Special Instructions to Filing Officer:	
Special metablions to 1 ming ember.	
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2012 HAY 31 AM II: 38
SECRETARY OF STATE

J. BRYAN

JUN - 1 2012

**EXAMINER** 

## **COVER LETTER**

TO:	Registration S Division of Co				
SUBJE	CCT:	FLC	PHOR, LLC		
		Name of Limi	ted Liability Company		
The end	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
			DAVID CACEROS		TALLIAN 31 MII: 38
			Name of Person		Fig. 3
		ACEVI	EDO & ASSOCIATES LLP		W 31 E
			Firm/Company		SERVICE
		5201	BLUE LAGOON DR, PH		
			Address		) NET 38
			MIAMI, FL 33126		<b>*</b>
			City/State and Zip Code		•
			TAX@HOTMAIL.COM o be used for future annual report notific	ation)	
For furt	ther information	concerning this matter, please c		unon	
	DA\	/ID CACEROS		164274	
	Name	of Person	Area Code & Daytime	Telephone Numbe	r
		-			
Enclose	ed 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)	Certifie	nte of Status &
		LING ADDRESS: tration Section	STREET/COURIE Registration Section	R ADDRESS:	
	Divisi	on of Corporations	Division of Cornerat	ione	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LLC s it now appear lity Company)	s on our records.)	
re filed on	01/06/2012	and assigned
company her	<u>e</u> :	
Liability Compa	ny," the designation "L	LC" or the abbreviation
		S 201
		CO E T
	7	
	<u>'</u>	
		3 0 8
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address on o	ur records, <u>enter t</u> l	he name of the nev
Enter Florida street address		
ity	, Florida	Zip Code
	v company here Liability Compa	, Florida

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 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 Title <u>Name</u> **Address** Type of Action MGRM LILIAN A. CERVIERI 1818 SW 1ST AVE **✓** Add APT\_1014\_ Remove MIAMI, FL 33129 MGRM HORACIO BALSEIRO **1818 SW 1ST AVE** ✓ Add ☐ Remove APT 1014 **MIAMI, FL 33129** MGRM FLORENCIA BALSEIRO 1818 SW 1ST AVE ✓ Add APT 1014 Remove MIAMI, FL 33129 ∏ Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member DAVID CACEROS Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00