L12000006280

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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B. KOHR
JAN 8 0 2012
EXAMINER



300219718973

01/27/12--01003--005 **25.00

12 JAN 27 AN II: OR

COVER LETTER

SUBJECT: <u>LLL</u>	Name of Limited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	27 MI			
Please return all corresp	ondence concerning this matter	to the following:	12 JEN 27 AN 11:08			
	WILLIAM DO	EPINO				
		Name of Person				
		Firm/Company				
	3340 SE FEB	SERR #WY - #201				
	STUART, FL	Address COLIDA 34997 City/State and Zip Code				
	PATRICEDEPI	City/State and Zip Code OO & G. MAIL. COM to be used for future annual report notificati	ion)			
For further information	concerning this matter, please c	•	ou,			
WILLIAM D		at (772) 359-6/. Area Code & Daytime Te	\$7			
Name	of Person	Area Code & Daytime 1e	elephone 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 enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

TO:

Registration Section

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

12 JH 27 #11:08

(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 Liab	oility Company were filed on	1/13/2012	and assigned	
Florida document number <u>L120000628</u>	<u>'6</u>			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the	he limited liability company h	ere:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Com	pany," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET.	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	0X)	,		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	City	, Florida	Zip Code	
	Cuy		Lip 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 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>		<u>Address</u>	Type of Action
FRM	PATRICE	LUGGIERO-DEPINO	1502 SW IFFLA AVE PORT ST. LUCIE, FL.	[≱ Add
			PORT ST. LUCIE, FL.	Remove
			34953	
				Add
				Remove
		<u> </u>		Add
				Remove
		•		
		 		Add
				Remove
		•		
				Add
				Remove
		•		
				Add
				Remove
D. If ame	ending any othe	r information, enter change(s)	here: (Attach additional sheets, if necessary	?.)
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-				
_				
,				
-				
Dated		Mt. Maria Libita) .	
			authorized representative of a member	· · · · · · · · · · · · · · · · · · ·
		WILLI	AM DEPINO	

Page 2 of 2

Filing Fee: \$25.00