# 000820

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**EXAMINER** 



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07/09/12--01016--028 \*\*25.00

## **COVER LETTER**

TO:	Registration Se Division of Cor	ction porations	·			
SUBJE	CCT:	Florida Disp	position Company			
	:	Name of Limit	ed Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
			Donovan A Reid			
			Name of Person			
			Firm/Company			
		5:	309 W. Broward Blvd			
			Address			
	lionheartedreid@yahoo.com  E-mail address: (to be used for future annual report notification)					
For fur	ther information co	oncerning this matter, please ca	·	,		
Donovan A Reid Name of Person			at (at (954_)87	26-6186		
	Nume o.	i i cison	raca code a Dayanie i	elephone (value)		
Enclose	ed is a check for th	ne following amount:				
<b>₹</b> \$25	.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:**

, p

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

Florida	Disposition Compar	ıy		
( <u>Name of the Limited Liabi</u> ) (A Florid	ity Company as it now appea a Limited Liability Company)	irs on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	01/24/2012	and ass	igned
Florida document numberL12000010820				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company he	e <u>re</u> :		
The new name must be distinguishable and end with the v'L.L.C."	vords "Limited Liability Comp	pany," the designation "L	LC" or the a	ubbreviatio
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET AD	DRESS)		<del></del>	
			SE	To a series
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	π-< ΣΣ:2 <b>(0</b>	1
Mailing address MAY BE A POST OFFICE BOX)			1 3K	<b>! ! !</b>
			₩ × × × × × × × × × × × × × × × × × × ×	المُرْدِسِيةِ الْ
	V	9		
B. If amending the registered agent and/or reg		our records, enter t	<u>he name o</u>	f the nev
registered agent and/or the new registered office a	ldress here:			
Name of New Registered Agent:			<del>,</del>	
New Registered Office Address:				
	E	nter Florida street add	ress	
		, Florida		
	City		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 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>	Name	Address	Type of Action
MGRM .	Jackson Eusebio	5309 W. Broward Blvd Plantation, FL 33317	Add Remove
			Add Remove
<u></u>			Add Remove
			Add Remove
<del></del>			Add Remove
<del></del>			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessar	y.) 
			general regions and a
	/2 /2		
Dated <u>7</u> /	Signature of a n	nember or authorized representative of a member	
		15 E B/O Typed or printed name of signee	<del></del>

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Filing Fee: \$25.00