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SECRETARY OF STATE
AND AHASSEE, FLORID

J. BRYAN

DEC 1 1 2012

**EXAMINER** 

## **COVER LETTER**

Division of Corporations
SUBJECT: F. C. Throstnew Portgolio, L.L. C. Name of Limited Liability Company
PEG A TI
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Prick Capilla Name of Person
E.C. Invostment Portgolio, L.L.C.
4418 Makogory Rioge Dr Address
Waston, F) 33331
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (201) 799-9263  Area Code & Daytime Telephone Number
Alea Code & Daytine 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 & Certificate of Status  □\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS: 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	4	300
Name of the Limited	Liability Complete as it now a Florida Limited Liability Comp	L.C ppears on our records.)	and an greet
The Articles of Organization for this Limited Li	ability Company were filed or	n	and assigned
Florida document number <u>L/200060</u>	235		A DAN
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability compan	y here:	
Acata 1.1.C			
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability (	Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applica	ahle.	1)/4	
(Principal office address MUST BE A STREE	_ <del>.</del>		<del></del>
		·	
Testan ann malling address if an linkla		· 1)/h	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			<del></del>
maning nursess MAT BE A TOST OFFICE I			<del> </del>
	,		
B. If amending the registered agent and/or registered agent and/or the new registered of		on our records, enter	the name of the new
Name of New Registered Agent:	Rose Mary	Pitman	
New Registered Office Address:	4418 Mahogory	Ridge Dr	
	Waston	Enter Florida street ad	dress 33331
	City	, Florida	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mana MGRM = Ma	ager anaging Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Pose Many Vitnean	4418 Mahopony Ridge Dr Western, F-l 33331	Add
<u>Mbem</u>	Carlos Capilla	4418 Platogoxy (Cidge Dr Westen, FL 33331	Add Remove
	<u>.                                    </u>	TALLAHA	Add Reprove
	· ·	•	Remove
<del></del>			Add Remove
			Add Remove

mending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
12/	. 2012 .
	Ammac A
	Signature of a member of authorized representative of a member
	Rose Man Ditman
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

FILED
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