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TALL SECTIONS
SECRETARY OF STATE
AMASSEE FLORING

B. BOSTICK

AUG 2 2 2013

EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo	ion orations			
SUBJECT:	chese Roan	Lind Thue Shoer ed Liability Company	Hs UC	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return all correspond	dence concerning this matter t	to the following:		
	- Kim	Name of Person		
		Firm/Company		
	2764	Elud Court	<u>-</u>	
	Palm	Harbur FZ 3	4683	
	E-mail address: (to	City/State and Zip dode City/State and Zip dode Do be used for future Innual report notification	ion) TALLAR	2013 AUG
For further information con	ncerning this matter, please ca	all:	HASS	<u>।</u> १८ २
Kim to	Person	at (747) 455 - Area Code & Daytime Te	elephone Number	PH 5: 05
Enclosed is a check for the	following amount:		من _{گر} .	O1
\$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 State Certified Copy (additional copy is	

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

Name of the Limited Liabili	ty Company as it now appears on our Limited Liability Company)	erk UC
The Articles of Organization for this Limited Liability Florida document number <u>L126000</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the line	Company were filed on May	29,2012 and assigned 2013 AUG 21 PI SECRLINEY OF TALLAHASSEE.
The new name must be distinguishable and end with the w "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADL	3204 W	e designation "LEC" or the abbreviation by the mark DNUC 3354
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3204 Wesley C	alermack Drive
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad Name of New Registered Agent:		cords, enter the name of the new
New Registered Office Address:	Enter Flo	orida street address
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = M	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jordana Marchese	47 Carillon Circle	Add
	Blumberg	47 Carillon Circle Livingston, NJ 07039	Remove
MGR	Joan Paulo De	2438 Silvermoss Drive	- _ ≥ update _ ≥ Add name
	Castro Marchese	Wesley Chapel, FL 33541	Remove
he i	s an existing more was n	Wesley Chapel, Fl. 33541 of correct-just need to yould	
		ALL	Remove
		LAHASSEE. FLORID	Remove 3 AUG 21
		. FLORID	Add S Remove
			-
			Add
			Remove
			- Add
•	•		_ Remove

If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
1.7	
ted	07 AUGUST , 2013 .
_	
	Bus South the
	Signature of a member or authorized representative of a member
	TOAO PAULO DE CASTRO MARCHESE Typed or printed name of signee
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	Page 3 of 3

Filing Fee: \$25.00

2013 AUG 21 PM 5: 05