L1200089701

(Reque	stor's Name)
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SECRETARY OF STATE ALLAHASSEE, FLORID

D. BRUCE
JUL 1 6 2012
EXAMINER

COVER LETTER

SUBJECT:		p of East Orlando LLC			
	Name of Limi	ted Liability Company			
-					
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		-			
		Ivan Isolica			
		Name of Person			
		Firm/Company			
		, ,			
	26	615 Windsorgate Lane			
		Address			
		Orlando, FL 32828		z .	
City/State and Zip Code		·	SEC.		
				ARET.	
		to be used for future annual report notificat	ion)	I3 ARY ASSE	FA
For further information	concerning this matter, please of	eall:		I3 PH ARY OF SSEE, F	E €
				(C)	+
Name	of Person	at () Area Code & Daytime T	elephone Number	I: 27	
				,,,,	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fe	ee,	
_	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of S	Status &	
		(additional copy is enclosed)		y py is enclosed)	

MAILING ADDRESS:

TC:

Registration Section Division of Corporations

> 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

Marketing Group of	East Orland	o LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	7/9/2012	and assigned
Florida document number L12000089701 .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp.	any," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:	2615 Windso	orgate Lane	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32828		
			IALE 12
Enter new mailing address, if applicable:			CRETA
(Mailing address MAY BE A POST OFFICE BOX)			SER J
B. If amending the registered agent and/or registered of			OF SIA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	dice address on	our records, enter 8	the harite of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Er	nter Florida street add	lress
		, 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 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Patrick O'Dell	9876 BUBBLING BROOK CT OVIEDO FL 32765	Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	FILED FILED FILED SECRETARY OF STATE FALLAHASSEE. FLORID.
 Dated	July 7 , 201	or authorized representative of a member	_
	/	Ivan Isolica	
	Typed o	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00