## #112000094018

(Requestor's Name)	
<u>.</u> .	
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(Address)	
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(Danish Muselan)	
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K.SALY EXAMINER AUG 7 2012

## **COVER LETTER**

TO:	Registration S Division of Co				
SUBJE	·CT·	Where the	he heart is LLC		
SOBJE	ited Liability Company				
The end	closed Articles of	Amendment and fee(s) are sub	bmitted for filing.		
Please	return all corresp	ondence concerning this matter	r to the following:		
	Daniela Ronchetti				
			Name of Person		
			Firm/Company		
		71	Emerald Woods Dr #F3		
			Address		
			Naples, FL 34108		
			City/State and Zip Code		
		E-mail address: (	ronchetti@hotmail.com (to be used for future annual report notification)		
For fur	ther information	concerning this matter, please c	call:		
	Dar	niela Ronchetti	at ( 239 ) 206-3568		
	Name	of Person	Area Code & Daytime Telephone Number		
Enclose	ed is a check for t	the following amount:			
\$25	.00 Filing Fee	▼\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee Certified Copy (additional copy is enclosed)  Certified Copy (additional copy (addition	tatus &	
	Regist Divisi P.O. E	ING ADDRESS: tration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Land Committee C

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED.
12 AUG -6 PM 1:50

Whe	ere the heart is LLC		ALLASTE, FLOOR	
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appear da Limited Liability Company)	s on our records.)	SEE, FLORIDA	
The Articles of Organization for this Limited Liabilit	y Company were filed on	07/20/2012	and assigned	
Florida document number L12000094018				
This amendment is submitted to amend the following	<b>3</b> :			
A. If amending name, enter the new name of the	limited liability company here	g:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compar	ny," the designation "I	LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AL	ODRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX				
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ur records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:	n ,	an Elouida -44 - I		
	Enter Florida 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = N MGRM =	Manager = Managing Member		
<u>Title</u>	Name	Address	Type of Action
			.□ Add □ Remove
			☐ Add ☐ Remove
			Add Remove -
			Add Remove
	<del></del>		Add Remove -
			Add Remove -
		change(s) here: (Attach additional sheets, if necessary.) en misspelled, please change Futrell, Tomika G	- -
Dated	August 3 ,	2012	<del>-</del> -
	Signature of a n	nember or authorized representative of a member	
	Signature of a fi	Daniela Ronchetti Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00