U1200101454

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

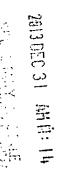
Office Use Only



100255149501

01/02/14--01007--016 **25.00

JAN - 8 2014 T CLINE



COVER LETTER

Division of Corporations	
SUBJECT: CALLO RHI Name of Limited	LNO LLC d Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office O	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
STEPHANIE ROSENTH	IAL
Firm/Company	5 PA
P.O. BOX 708	3. Fig. 1
Address	
CRYSTAL BEACH, FL 3 City/State and Zip Code	三 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日
STEPHANIE . RDM5@GMA: E-mail address: (to be used for future annual report notification	II.com
For further information concerning this matter, plea	ase call:
STEPHANIE ROSENTHAL at (773-1800 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amo	ount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

ARTICLES OF AMENDMENT , TO ARTICLES OF ORGANIZATION OF

	INO , LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears of Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number (120010)457	4.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company.	" the designation "LLC" or the abbreviation
		93년 2 🎬
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:	**************************************	and the second s
(Mailing address MAY BE A POST OFFICE BOX)		
		1.07
B. If amending the registered agent and/or regi	stered office address on our	records, enter the name of the new
registered agent and/or the new registered office ad		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
		, 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	JENNIFER COURTNEY	203 ARBOR DR. E	🔀 Add
		PALM HABBOR, FL	Remove
		34683	_
		•	
			Remove
			Add
			Remove
		پ	Add
			Remove
			_
	The state of the s		_ Add
			Remove
			_
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
Dated	DECEMBER 13, 2013.
	Styleein R_ Signature of a member or authorized representative of a member
	STEPHANIE ROSENTHAL Typed or printed name of signee
	7.

Page 3 of 3

Filing Fee: \$25.00

2013 DEC 31 MM H: | L