# L12000108788

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**EXAMINER** 



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# **COVER LETTER**

TO: Registration S Division of Co	Section orporations		
SUBJECT: R	DEGOS & PREIN (Name of Lim	dusu Hants, LLC ited Liability Company	· · · · · · · · · · · · · · · · · · ·
	•		
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	•
Please return all corresp	ondence concerning this matte	r to the following:	
	GABRIOL	DUPIOS Name of Person	to sect
	Burgos & R	Firm/Company	TO SEP 20
·	618 E. So.	utu st. Suite 5	300 S8 S9
	ORLANDO	City/State and Zip Code	<del>-</del>
	GABRIELO BURGO	SAND BREIN. COM to be used for future annual report notifica	ition)
For further information of	concerning this matter, please of	·	
C. ggiai D			
Name o	of Herson	at (407) 571-6909 Area Code & Daytime 1	Celephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & 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

ds.)

The Articles of Organization for this Limited Liability Company were filed on \_ Florida document number <u>L\2000\08788</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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 **Title** Name Address Type of Action MGRM Remove \_ Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 Signature of a member or authorized representative of a member SPEIN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00