# L12000114843

(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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SECRETARY OF STATE
ALLAHASSEE FLORE

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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

. SUBJECT: 8866 CANDY PALM, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

## CAROLINE G LARSON

Name of Person

LARSON ACCOUNTING & CONSULTING SERVICES, LLC

Firm/Company

# 8615 COMMODITY CIRCLE STE 06

Address

ORLANDO, FL, 32819

City/State and Zip Code

### FINANCES@LARSONACC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

# **CLEITON CARDOSO**

Name of Person

407,3703686

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$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 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

( <u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears da Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabilit Florida document number L12000114843	y Company were filed on SEF	PTEMBER 07, 2012 and assigned
This amendment is submitted to amend the following	Ç.	
A. If amending name, enter the new name of the	limited liability company here	<b>;</b>
N/A		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compan	ry," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u>N/A</u>	
(Principal office address MUST BE A STREET AL	DDRESS)	A A A A A A A A A A A A A A A A A A A
		A CO
Enter new mailing address, if applicable:	N/A	-7 ANY OF STANK
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office:		ur records, <u>enter the name of the new</u>
Name of New Registered Agent:	/A	
New Registered Office Address:		
	Ent	er 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>Name</u>	Address	Type of Action
STONY CORALS INVESTMENT GROUP INC	PO BOX 4301	Add
	TRIN ITY CHAMBERS	Remove
	ROAD TOWN, TORTOLA, BVI	
NAZEK DEVELOPMENTS LIMITED	PO BOX 146	🗹 Add
	ROAD TOWN, TORTOLA	Remove
	BRITISH VIRGIN ISLANDS	
	LAHASSEE. FLOR	Add Remove Ti Add Add Remove
		Add Remove
		Add Remove
	STONY CORALS INVESTMENT GROUP INC	TRIN ITY CHAMBERS  ROAD TOWN, TORTOLA, BVI  PO BOX 146  ROAD TOWN, TORTOLA  BRITISH VIRGIN ISLANDS

f amending any other information	a, enter change(s) here: (Attach additional sheets,	if necessary)
N/A	one on age(s) here. (Minder dansitional sheets,	y necessury.
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Signatu	are of a member or authorized representative of a memb	ner
	HROO FARACO BRACA	
	Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	<b>SES</b>
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