# #1/2000/188/9

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2 OCT 30 AM II: 48

EXAMINER OCT 3 1 2012

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 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:
MARie Josie Dorlus Name of Person
J. D. W. E. L.L. LC. Firm/Company
758 Madria Ct
City/State and Zip Code  Well 90 amal - 00 m  Hemail address: (to be justed for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (467) 414-6823  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\Bigsquare \$30.00 Filing Fee & Book Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)  Amending \$35.00 (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**

FILED" 12 OCT 30 AM II: 48

(T.D. W.	E. L. L.	lle	r)	EUNETARY OF STATE MLLAHASSEE, FLORID
( <u>Name of the Limited Li</u> (A Flo	ability Compar orida Limited L	ny as it now appears iability Company)	on our records.)	L. T. LOKID
The Articles of Organization for this Limited Liabi			9/19/201	2 and assigned
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	<u>e limited liabi</u>	lity company here	<b>:</b>	
The new name must be distinguishable and end with the "L.L.C."	ries LL ne words "Limit	. C ed Liability Compan	y," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicabl		758 Ma		4758
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	P. D. Box Kissimma	581483 St Fl 347	158
B. If amending the registered agent and/or registered agent and/or the new registered office			r records, enter	the name of the new
Name of New Registered Agent:	MAGIE.	Josie Dog	lus (Same	)
New Registered Office Address:		derion Ct		
		Futa	r Florida street ad	ldress
-	DISSIME	nle City	, Florida _	34758 Zin Coda
New Registered Agent's Signature, if changing Regi		City		Ziji Couc

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

Page 1 of 2

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> **Address Type of Action** Name ☐ Add Remove Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Empowerment Dated \_ Signature of a member of authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00