

L 12000140408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

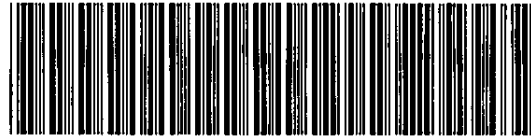
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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29th SEP 29 P 12: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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B. BOSTICK

OCT - 7 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2603 HORATIO, 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:

GRAZYNA OSINSKA-WINIAREK

Name of Person

Firm/Company

929 S DAKOTA AVE

Address

TAMPA FL 33606

City/State and Zip Code

GRAZYNA.WINIAREK@GMAIL.COM

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

For further information concerning this matter, please call:

GRAZYNA OSINSKA-WINIAREK

Name of Person

at 813 244-7967

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2603 HORATIO, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/06/2012 and assigned Florida document number L12000140408.

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)

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TALLAHASSEE, FLORIDA

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: GRAZYNA OSINSKA-WINIAREK

New Registered Office Address: 929 S DAKOTA AVE

Enter Florida street address

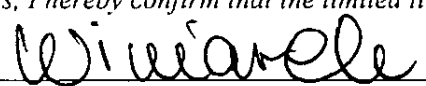
TAMPA, Florida 33606

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager ,
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LEOPOLD OSINSKI	929 S DAKOTA AVE TAMPA FL 33606	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	GRAZYNA OSINSKA-WINIAREK	1103 W HORATIO ST TAMPA FL 33606	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	HALINA KIRCHENDORFER	602 S MELVILLE AVE TAMPA FL 33606	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	BOZENA M. KLOSKA	2509 NORTH A ST TAMPA FL 33606	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 9/23/14

Bozena M. Kloska
Signature of a member or authorized representative of a member

BOZENA KLOSKA, SUCCESSOR TRUSTEE of the LEOPOLD OSINSKI LIVING TRUST dated 12/9/13

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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