L12000142376

| (D- | | |
|-------------------------|-------------------|-------------|
| (Re | questor's Name) | |
| | | |
| (Ade | dress) | |
| | | |
| (Add | dress) | |
| , , , , , , | , | |
| | | |
| (Cit | y/State/Zip/Phon | e #) |
| _ | _ | _ |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Ru | siness Entity Nar | ma) |
| (Bu | Siness Chity Nai | ne) |
| | | |
| (Do | cument Number) | |
| | | |
| Certified Copies | Certificates | s of Status |
| | _ | |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| JA | N 4 2013 | |
| l s | TONE | |
|] | - 'me v ' ' | |
| 1 | | |
| | | |

Office Use Only



000242892170

01/03/13--01004--010 **25.00

TICLE D

13 IAN -3 PH 3:36

COVER LETTER

TO: Registration Section ...
Division of Corporations

OLADAPO ADETULA, 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:

Iris B. Denizard

Name of Person

I & R Tax Services, Inc.

Firm/Company

7361 Hunters Greene Circle

Address

Lakeland, FL 33810

City/State and Zip Code

iris.denizard@yahoo.com

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

For further information concerning this matter, please call:

Iris B. Denizard

_. 863 513-9131

Name of Person

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**

FILED

JAN -3 PH 3: 36

OLADAPO ADETULA, LLC

张(1861) 数 (1861) (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 Liabil | ity Company were filed on 11/09/2 | 012 and assigned |
|--|---|--|
| Florida document number L12000142376 | | |
| This amendment is submitted to amend the following | g: | |
| A. If amending name, enter the new name of the | limited liability company here: | |
| The new name must be distinguishable and end with the "L.L.C." | e words "Limited Liability Company," tl | he designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable | | |
| (Principal office address MUST BE A STREET A) | DDRESS) | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX | 2 | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | egistered office address on our re address here: | ecords, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Flo | orida 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 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 | Oladapo B. Adetula | 1231 Alpine Lake Drive | Add |
| | | Brandon, FL 33511 | Remove |
| MGR | Oladapo B. Adetula | 1231 Alpine Lake Drive | Add |
| | | Brandon, FL 33511 | Remove |
| | | | Add |
| | | | Remove |
| | | | Add |
| | | | Remove |
| | | | Add |
| | | | Remove |
| | | | Add |
| | | | Remove |

| <u>N</u> | lember Manager. |
|----------|--|
| | |
| _ | |
| | |
| ated De | cember 28 , 2012 , |
| | CADA (|
| | Signature of a member or authorized representative of a member |

Filing Fee: \$25.00