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SEVELANT DE SIME
ANASSEE, ELORIDA

B. BOSTICK
FEB - 5 2013
EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations

'ABRINA, 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:

George Mantzidis

Joe B. Cox Atty. at Law

1185 Immokalee Road, Ste. 110

Naples, FL 34110

City/State and Zip Code

gmantzidis@coxcarlson.com

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

For further information concerning this matter, please call:

George Mantzidis

239 438-4610

Area Code & Daytime Telephone Number

Name of Person

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

| IABRINA, LLC | | |
|---|--|---------------------------------|
| (<u>Name of the Limited Liability (</u> (A Florida Lia | Company as it now appears on our recormited Liability Company) | <u>-ds,</u>) |
| The Articles of Organization for this Limited Liability Con Florida document number <u>L12000143179</u> | mpany were filed on 11/13/2012 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed liability company here: | |
| The new name must be distinguishable and end with the words "L.L.C." | s "Limited Liability Company," the design | ation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | · |
| (Principal office address MUST BE A STREET ADDRE | <u> </u> | 3 |
| | | AN EB |
| | | SSEE |
| Enter new mailing address, if applicable: | 949-1 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | Por F |
| | *************************************** | 859 |
| B. If amending the registered agent and/or register registered agent and/or the new registered office addre | | > * |
| Name of New Registered Agent: | | · |
| New Registered Office Address: | | |
| HEM WERISIGIEN OTHER MUNICIPA. | Enter Florida str | eet address |
| | , Flor | ida |
| | 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 Munagers 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> | Name | Address | Type of Action |
|--------------|------------------|-------------------|----------------|
| MGR | Brenda Hunsinger | 172 Solano Street | √ Add |
| | | Tiburon, CA 94920 | Remove |
| | | | |
| | | | Add |
| | | | Remove |
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| D. If amending any o | other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| | |
| Dated January | ZI ZI 2013 |
| | Bounday (From |
| | Signature of a member or authorized representative of a member |
| Ronal | d Brown |
| | Typed or printed name of signee |

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Filing Fee: \$25.00

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