L13000006256

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



900256907609

02/24/14--01042--009 **25.00

2014 FEB 24 PH 2: 01

FEB 2 5 2014 D. BRUCE

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Machado Whitmore Enterprises, 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:

Yamil Egipciaco

Name of Person

Machado Whitmore Enterprises, LLC

Firm/Company

4769 W. Irlo Bronson Memorial Hwy Suite B

Address

Kissimmee, FL 34746

City/State and Zip Code

dee@theclosingavenue.com

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

For further information concerning this matter, please call:

Deidre Whitmore

Name of Person

,407,557-2130

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

Machado Whitmore Enterprises,		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on la Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability		nuary 11, 2013 and assigned
Florida document number <u>L1300000</u>	<u>2</u> 56	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the words "L	imited Liability Company," the designment	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	201
		> n
		ν (Σ. Ν. γ. (Σ. (Σ. (Σ. (Σ. (Σ. (Σ. (Σ. (Σ. (Σ. (Σ
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		25.
		37 7
	<u> </u>	A
B. If amending the registered agent and/or registered agent and/or the new registered office add		r records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet 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 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 **Title** <u>Name</u> <u>Address</u> Type of Action **Angel Javier MMBR** 4769 W. Irlo Bronson Memorial Hwy Ste. B Kissimmee, FL 34746 ☐ Remove _ 🗆 Add _□ Remove □ Add ☐ Remove _ Add S No Remove _□ Add _ Remove

D. If amending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)
	01/25/2014
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	of receipt of fried date and carriot be more than 90 days after
Dated 01/25	2014
Dated	
Signature of a me	ember or authorized representative of a member
Yamil Egipciaco	
	yped or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

