# L13000033307

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(asserted Emily Asserted)				
· -				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
JUL - 3 2013 <sup>-</sup>				
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SECRETARY OF STATE
TALLAHASSEE FLORES

### **COVER LETTER**

TO: Registration Division of C			
SUBJECT:	ESCONDIDA Name of Limit	ed Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		HrkD Collins Name of Person	
		ESCONDIDA, LLC Firm/Company	
	62	04 Greenwich?	<u>Dc</u>
	To	Address  2 Mpa FL 336  City/State and Zip Code	547
	E-mail address: (to	o be used for future annual report notificati	r.com
For further information	concerning this matter, please ca	all:	
<u> </u>	Collins cof Person	at (813) 938 02 Area Code & Daytime Te	567 elephone 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

Adding one MGRM only.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ESCONDIDA, LLC			JUL -1 48 8: 18
(Name of the Limited Liability Compa (A Florida Limited	1	î	
The Articles of Organization for this Limited Liability Company Florida document number L13000033307	were filed on 03 0	5/201	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility company here:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," (	the design	nation "LLC" or the abbreviation
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)	· · · · · · · · · · · · · · · · · · ·		
		<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		records,	enter the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	<u>-</u>	
New Registered Office Address:			
	Enter F	lorida sti	reet address
	Cin	, Flo	orida Zip Code
Non-Designational Assessed Science from the bounds of Designational Assessed	City		гір Соае

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 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 = Man MGRM = M	ager anaging Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MERM	Al Cruz	1031 Washington St. Mission, Tx 78752	Add Remove		
<del></del>			Add Remove		
			Add Remove		
			Add		
			Add Remove		
			Add Remove		

). If,am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
	<del></del>
ated	June 25th, 2013.
	and the same of th
	Signature of a member or anthorized representative of a member
	Kirk.D. Collins
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00