

L13000047853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

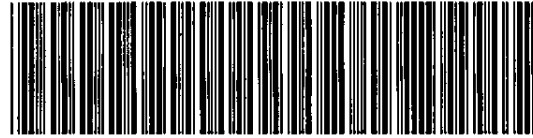
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400255298234

01/21/14--01008--021 **55.00

FILED
2014 JAN 21 PM 3:59
CLERK OF STATE
TALLAHASSEE FLORIDA

JAN 23 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **34-25 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:

Patricio Gonzalez E.A.

Name of Person

Wellington Tax Services Co.

Firm/Company

1842 Wiltshire Village Dr.

Address

Wellington, FL 33414

City/State and Zip Code

tunuyan@bellsouth.net

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

For further information concerning this matter, please call:

Patricio Gonzalez

Name of Person

at **(561) 906-3413**

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

FILED
2014 JAN 21 PM 3:59
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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

34-25 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 APRIL , 2013 and assigned
Florida document number L13000047853.

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)

13304 INDIAN MOUND ROAD

WELLINGTON, FL 33414

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13304 INDIAN MOUND ROAD

WELLINGTON, FL 33414

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:

TEODORO F. CALLE

New Registered Office Address:

13304 INDIAN MOUND ROAD

Enter Florida street address

WELLINGTON

City

, Florida 33414

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

Page 1 of 3 TC



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>
<u>MGR</u>	<u>CARLOS ARELLANO</u>	<u>13304 INDIAN MOUND ROAD</u>	<input type="checkbox"/> Add
		<u>WELLINGTON, FL 33414</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>TEODORO F. CALLE</u>	<u>13304 INDIAN MOUND ROAD</u>	<input checked="" type="checkbox"/> Add
		<u>WELLINGTON, FL 33414</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

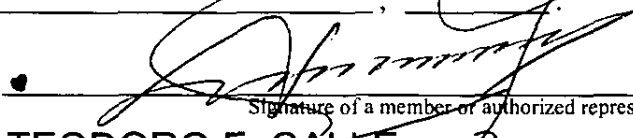
FILED
2014 JAN 21 PM 3:59
STATE OF FLORIDA
TALLAHASSEE

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)

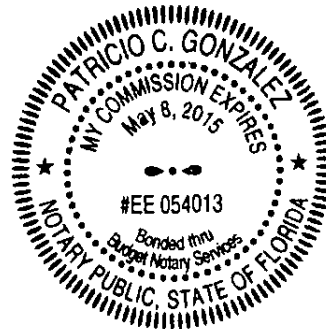
Dated **JANUARY 17**, **2014**



Signature of a member or authorized representative of a member

TEODORO F. CALLE

Typed or printed name of signee



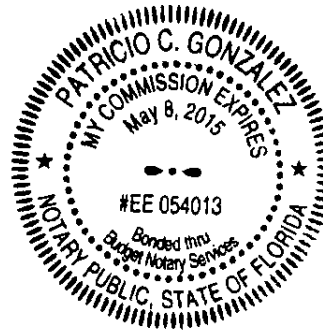
Page 3 of 3

Filing Fee: \$25.00

FILED
2014 JAN 21 PM 3:59
CLERK OF STATE
TALLAHASSEE FLORIDA

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 17TH. day of January, 2014, by
Teodoro F. Calle, who is personally Known for me.



FILED
2014 JAN 21 PM 3:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA