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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:G	PANITE MASS	TEAS OF OCALA ed Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	JUAN B	Name of Person	JA-BALLE
	1400 SW   1	Firm/Company  J. H. AVC  Address	<del></del>
	OCALA, FL	344 76 City/State and Zip Code	
	E-mail address: (to	be used for future annual report notificati	on)
	oncerning this matter, please cal		
TUAN BA	UTISTA SANTANA	- Bau ( 352 3)) - 3  Area Code & Daytime Te	027
Name of	Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for th	e 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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Δ.				De, LEDINDA
GRANITE MI	75TENS 0	F OCAZA	CC	
(Name of the Limited L (A F	iability Company	as it now appears or	our records.)	_
The Articles of Organization for this Limited Lial Florida document number	bility Company w	vere filed on	/19/2013 ar	nd assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	<u>he limited liabili</u>	ty company here:		
The new name must be distinguishable and end with "L.L.C."  Enter new principal offices address, if applical		d Liability Company,"	the designation "LLC" of	the abbreviation
(Principal office address MUST BE A STREET	•			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	2501 S OCALA	5W 57K A FC 34474	VE 605
B. If amending the registered agent and/or registered agent and/or the new registered office	registered offic ce address here:	ee address on our	records, enter the na	me of the new
Name of New Registered Agent:	JUAN	BAUTISTANTA	NA - BALLE ANE	, 5R
New Registered Office Address:	1400	2M 117H	AV (-	
	_		Florida street address	<b>.</b>
	0(A	A Cit	, Florida <u>FC</u> Zip	34476
	•	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 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 **Title** <u>Name</u> **Address** Type of Action JUAN BAUTS ANTANA (BALLE) 1400 5W 113 HAVE MGR JUAN V. VALLE Remove Remove Remove

Remove

D. If an	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	UPDATE JUAN B. SANTANA BR TO
1	JUAN BAUSANTANA - BALLE SR.
	"STA "BALLE"
Dated	$9 19 $ $\frac{19}{19}$
	Signature of a member or authorized representative of a member
	JUAN B. SANTANA - BALLE
	Typed or printed name of signee
	Page 3 of 3

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