

413000133927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

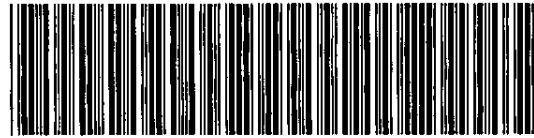
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

NOV 06 2013

D. BROOK



Songur & Associates, P.A.

ATTORNEYS AND COUNSELORS AT LAW

November 4, 2013

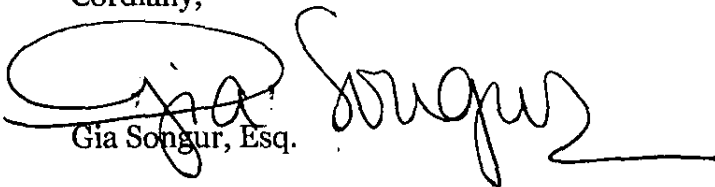
Florida Department of State
Division of Corporations
Attn. Deborah Bruce
Regulatory Specialist II
P.O. Box 6327
Tallahassee, FL 32314

Re: Letter Number 413A00025048, dated October 28, 2013

Attached please find the corrected documents, i.e., signed by a member or authorized representative. The payment for this filing has been previously submitted as evidenced by you above-referenced letter.

Should you have further inquiries please do not hesitate to contact me.

Cordially,


Gia Songur, Esq.

Enclosures

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TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2013

GIA SONGUR
8615 COMMODITY CIRCLE, SUITE 7
ORLANDO, FL 32819

SUBJECT: ARTCO ENTERPRISES, LLC
Ref. Number: L13000133927

We have received your document for ARTCO ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 413A00025048

RECEIVED
DIVISION OF STATE
TALLAHASSEE
FLORIDA

2013 NOV -5 PM 12:44

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ARTCO 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:

Gia Songur

Name of Person

Firm/Company

8615 Commodity Circle Suite 7

Address

Orlando, FL 32819

City/State and Zip Code

gsongur@songurlaw.com

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

For further information concerning this matter, please call:

Gia Songur

Name of Person

407 761-3557

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

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TALLAHASSEE, FLORIDA

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

ARTCO Enterprises, 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 9/20/2013 and assigned
Florida document number L13000133927.

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)

8615 Commodity Circle Suite 7
Orlando, FL 32819

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

8615 Commodity Circle Suite 7
Orlando, FL 32819

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STATE OF FLORIDA

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: _____

New Registered Office Address: _____

Enter Florida street 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 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

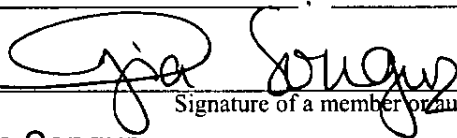
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Hilda Colon Perez	2549 Maitland Crossing Way 11-104	<input type="checkbox"/> Add
		Orlando, FL 32810	<input checked="" type="checkbox"/> Remove
MGRM	Gia Songur	8615 Commodity Circle Suite 7	<input checked="" type="checkbox"/> Add
		Orlando, FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated October 21, 2013



Signature of a member or authorized representative of a member

Gia Songur

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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