## 1140000 58316

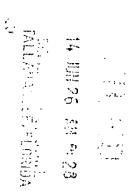
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## **COVER LETTER**

TO: Registration Section Division of Corpor		
SUBJECT: Undi	S Puted Steamers L	L C
	(Maile of Emilion Stability Company	
The enclosed Articles of Am	endment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Rachel Marie	Burgos
	Name of Person	
	F:/Campan	<del> </del>
	Firm/Company	
	1668 Cornerview Lar	ne
	Address	
	Orlando, FC 32820 City/State and Zip Code	
	Undisputeds teamers as a E-mail address: (to be used for future annual re	port notification)
For further information conc	erning this matter, please call:	
William A	ngel OcaSio JF at (407) Area Code	927-2917
Name of Pe	rson Area Code	Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclose)	Sed) \$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

Undisp	Outed Steamers LLC
(Name of the Limited Liab (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L14000058316</u>	y Company were filed on and assigned
This amendment is submitted to amend the following:	Ç.
A. If amending name, enter the new name of the li	imited 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 ADD	DRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office ac	egistered office address on our records, enter the name of the new
Name of New Registered Agent:	William Angel Ocasio Jr
New Registered Office Address:	選 短 <u> </u>
	Enter Florida street address  Florida 544 64
New Registered Agent's Signature, if changing Registe	City Zip Code
provisions of all statutes relative to the proper and accept the obligations of my position as registered	ent and agree to act in this capacity. I further agree to comply with the d complete performance of my duties, and I am familiar with and d agent as provided for in Chapter 605, F.S. Or, if this document is tered office address, I hereby confirm that the limited liability

MUL A. Occabio

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

**Title** <u>Name</u> **Address Type of Action** William Angel Ocosio Jr 1668 cornerview Lane Madd MGR Orlando, FL 32820 MGR Rachel marie Burgos 1668 Cornerview Lane DAdd orlando FL 32820 □ Add ☐ Remove ☐ Add ☐ Remove Remove ☐ Add ☐ Remove

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ve date must be specific, cannot be prior to	date of receipt or filed date and cannot be	(optional) be more than 90 days after
June 24	<u>, 2014</u> .	
Dage of	huse (	
Kui Puu M	V // // // /	
i	ive date must be specific, cannot be prior to his document is filed by the Florida Departr	e date, if other than the date of filing:  ive date must be specific, cannot be prior to date of receipt or filed date and cannot be his document is filed by the Florida Department of State)  Tune 24, 2014.

Page 3 of 3

Filing Fee: \$25.00

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