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Office Use Only



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AUG - 4 2014 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JAVIER A. GONZA/EZ Name of Person
Firm/Company
13106 SAN ANTONIO WOODS LN Address ORLANDO FLORIDA 32-824 City/State and Zip Code
ORLANDO FLORIDA 32824
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TRUIEN GONZA CZ- Name of Person at (407) 5351749 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) S60.00 Filing Fee, 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

	O)F	-C =
the colo	R RIGH	+ LLC	AHASA
(Name of the Limite	d Liability Compa	ny as it now appears on our recor Liability Company)	ds.)
,	A Florida Limited i	Liability Company)	THE 3
The Articles of Organization for this Limited Li	ability Company	ware filed on D 6/1	3/2014@and assigned
Florida document number <u>L1460009</u>	$CU_{c}U_{c}$	were med on	Today assigned
Florida document number <u>L190000</u> N	, / 4 /		P
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The RIGHT CO	LOR LL	C	
The new name must be distinguishable and end with the	vords "Limited Liab	ility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	13106 SAN A	22824
(Principal office address MUST BE A STREE	T ADDRESS)	ORLANDO, FL	32829

		1.	
Enter new mailing address, if applicable:		NA	
(Mailing address MAY BE A POST OFFICE I	BOX)	• 1	
			······································
Th. 16 11 11 11 11 11 11 11 11			
B. If amending the registered agent and/or the new registered off	or registered of	Tice address on our record	ls, <u>enter the name of the new</u>
registered agent and/or the new registered on	ice address ner	ç:	
Name of New Registered Agent:	N/A	<u> </u>	
N. D. L. LOW	N/A		
New Registered Office Address:	~/	Enter Florida street addre	
		enier r ioriaa street addre	22.2
		, F	lorida
		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 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

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 **Type of Action Title** <u>Name</u> <u>Address</u> □ Add __

Remove □ Add ___ □ Remove □ Add □ Add Remove ☐ Remove □ Add _□ Remove

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Effective date, if	other than the date of filing: (optional)
the data this document	st be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this documen	is the specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after it is filed by the Florida Department of State)
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the date this document	nt is filed by the Florida Department of State)
the date this document	Signature of a member or authorized representative of a member
the date this documen	nt is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

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