Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name :: VCORP SERVICES, LLC

Account Number: I20080000067

: (845)425-0077

Fax Number

: (845)818-3588

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 8025-8027 WOODDUCK DRIVE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	3025-8027 Woodduck Drive i			
(Name of the Limited Liah (A Fiori	ility Company as it now appears on our da Limited Limited Company)	records,)	-	
The Articles of Organization for this Limited Liability Florida document number L14000119718			assigne	d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here:			
8025 Woodduck Drive, LLC				
The new name must be distinguishable and end with the words "I	Limited Liability Company," the designation	on "LLC" or the abbreylatio	n "L.L.C	
Enter new principal offices address, if applicable:		Ace		
(Principal office address MUST BE A STREET ADD	PRESS)	27	Ē	
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		<u> </u>	7	
Enter new mailing address, if applicable:	<u> </u>		-	- Allenda
(Mailing address MAY BE A POST OFFICE ROX)	The second secon			
		200 (1)	· 47	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad Name of New Registered Agent: New Registered Office Address:			ne of t	he new
		, Florida		
	Ciry	Zip Co	de	
New Registered Agent's Signature, if changing Register	red Agent:			
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	nt and agree to act in this capacity complete performance of my duti agent as provided for in Chapter ared office address, I hereby confi c.	ies, and I am familiar 605, F.S. Or, if this d rm that the limited lia	with an ocumer bility	1d
	If Changing Registered Agent, Sign	sature of New Registered A	racut	

Page 1 of 3

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 = N AMBR = A	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
1-0-7-11-11-11-1-1-1-1-1-1-1-1-1-1-1-1-1			
			□ Remove
		Berto Carlo Control Con	- India Maria Company
			Remove
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			□ Remove
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			D Add
			□ Remove
			□ Add
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Ifamen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
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Effective (The effecti the date the	c date, if other than the date of filing: (optional) ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
Dated	August 12 2014
	Dark Moin
	Signature of a membe for authorized representative of a member
	Farah Moiso, Authorized Representative
	Typed or printed name of signee

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Filing Fee: \$25.00

