11/14/2014



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000266151 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I28120000055

Phone : (407)898-1757 Fax Number : (407)897-5336

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

Email	Address		,	

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FRIEND'S RETREAT LLC

Certificate of Status	0
Certified Copy	0
Page Count	:01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

## 4140002661513

#### COVER LETTER

TO: Registration Section
Division of Corporations

FRIEND'S RETREAT LLC
SUBJECT: Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

•	•				
		PAULO PINHEIRO			
•		Name of Person	,		
	FRIE	END'S RETREAT LLC			
		Firm/Company	, , , , , , , , , , , , , , , , , , ,		
	261	BEACON POINTE DR			
		Address			
	•	OCOEE, FL 34761			
		City/State and Zip Code			
		ATIONS@ABKCORP.Co	-		
	li-mail address: (	to be used for future annual report n	asilication)	287	
For further information o	concerning this matter, please c	ali:		AON 1182	
ANDREA	A PINE	407	898-1757	V 17	-
Name o	f Person		time Telephone Number		
Enclosed is a check for t	he following amount:			10: 5	A STATE
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclor	&	

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

H 140002661513

### H14000266151 3

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRIEND'S RETREAT HIC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Compacy)	
The Articles of Organization for this Limited Liability Company were filed on	signed
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.IC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2
Enter new mailing address, if applicable:	-1
B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here:	n of the new
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	······································
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 comp	oly with the

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

Page 1 of 3

H140002661513

# H140002661513

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

<u>Title</u>	Name	Address	Type of Action
AMBR	PAULO PINHEIRO	261 BEACON POINTE DR	
		OCOEE, FL 34761	<b>®</b> Remove
AMBR	Joelma da Costa Pinheiro	261 BEACON POINTE DR	□ Add
	,	OCOEE, FL 34761	■ Remove
MBR	The Palace of Business Corp	7350 FUTURES DR STE 12B	■ Add
	•	ORLANDO, FL 32819	☐ Remove
			<del></del>
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	P Add
	ş		Remove
			SSEE FE
	AND SECURITY OF THE PARTY OF TH		CD Add
	· :		
			Add
			☐ Remove

Page 2 of 3

H14000 2661513

H140002661513

	• .	
,		
**************************************		
The effective date must be a	r than the date of filing: specific, cannot be prior to date of receipt or filed date and called by the Florida Department of State)	(optional). annot be more than 90 days after

Page 3 of 3

2014 NOV 17 AH 10: 51

H140002661513