## 114000172488

(Requestor's Name)  (Address)	
(Address)	500271434085
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	04/06/1501029017 **25.0g
(Document Number)	
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## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT:	Richard Name of Limite	ed Liab lity Company	
The enclosed Articles of Ame	endment and fee(s) are subm	litted for filing.	
Please return all corresponder	nce concerning this matter to	the following:	
	Denia	Cq (+qy q Inf	onte
-	Richa	Firm/Company	
-	389	Beechwood L	Δ
-	Altamonte	Social State and Zip Code	32714
_	Zicha E-mail address: (to	be used for future annual report notification	jahoo.com
For further information conce	erning this matter, please cal	1:	
Denig Car	taya Infon	Area Code Daytime Tele	2886 ephone Number
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 Filing Fee □	3 \$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liabi (A Florid	X O(e) UC ility Company as it now appears on our record da Limiled Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Florida document number	Company were filed on $\sqrt{-5-2}$	O   U and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the words "L	Limited Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7. <sub>10</sub>
(Principal office address MUST BE A STREET ADD	DRESS)	<u> </u>
		37
		COST OF PARTY
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		Si i leanning
		5.9 15.0 10.0
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	Enter Florida street addre	?SS
	, 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 Title Name **Address** Type of Action NP Denig Cartage Infonte 389 Beechwood Co. 0 Add AHAMONTE Springs, FL 32714 Bremove Victor G. Oland 389 Beechwood CA. DAdd MGR Altomonte Springs, FL 327/4 BREMOVE Denia Cartaya Infante 389 Beechwood Un. Spara.

Alternante Springs, FL 327/4 Remove AMBR Victor G. Olano 389 Beerhwood Ln. AMBR Altomonte Springs, FL 32714 - Remove □ Add ☐ Remove ☐ Add □ Remove

If amending any other information, enter change(s) he	
Effective date, if other than the date of filing:	(optional)
the date this document is filed by the Florida Department of State)	filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)	filed date and cannot be more than 90 days after
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt of the date this document is filed by the Florida Department of State)  Dated	filed date and cannot be more than 90 days after
Dated MARCH, 30, 2013	filed date and cannot be more than 90 days after  Shorized representative of a member
Dated MARCH, 30, 2013	filed date and cannot be more than 90 days after

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Filing Fee: \$25.00

