(Re	equestor's Name)	· · · · · ·
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# **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Name of Limited	d Liability Company	bythers LLC
The enclosed Articles of	Amendment and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
	Aoron	Stockowiak Name of Person	<del>.</del>
	Flori	A CKON ENC	Tay Portners
	13014	W. Dale Habry Address	1/20/ #130
	<u> </u>	F1 33618  City/State and Zip Code  be used for future annual report no	læyahoo, zon
			otification
Por further information c	oncerning this matter, please		1 > V
Name of	Stochowiak Person	at <u>813</u> ) <u>624-5</u> Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	l\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy isenclosed)

### **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 Liability (A Florida Li	y Company as it now appears	ion our see rds.	ers LLC.
The Articles of Organization for this Limited Liability C	company were filed on	24-18 and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the I	imited liability company	here:	
The new name must be distinguishable and cottlaiwords "Limited	d Liability Company," the designate	tion "LLC" or the abbreviation	L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	-43
(Principal office address MUST BE A STREET AD	DRESS)	R 2	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TELORISA . CO	<del>.</del>
B. If amending the registered agent and/or registered agent and/or the new registered office		on our <u>records, ente</u>	e <u>r the name</u> of th
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	treet address	
	City	, Florida Zip Co	ode
N. D. L. M. C. L. M. D. L. D. L.		·	

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 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 Authorized Person(s) authorized to margarer the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Addres</u> s	Type of Action
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ated (\C		ignature of a member		7 VV		

Page 3 of 3

Filing Fee: \$25.00