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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| | tration Section ion of Corporations |
|---------------------|---|
| SUBJECT: _ | IT'S ME 610 A 6AIN LLC Name of Limited Liability Company |
| | Name of Lumited Liability Company |
| | |
| The enclosed a | Articles of Amendment and fee(s) are submitted for filing. |
| Please return a | Il correspondence concerning this matter to the following: |
| | |
| | GIOUANNY GOROSTIAGA |
| | Name of Person |
| | |
| | Firm Company |
| | 138 Needlewood Loop |
| | |
| | Lebacy Horida 37-13 City/State and Zip Code |
| | |
| | E-mail address: (to be used for future annual report notification) |
| For further inf | ormation concerning this matter, please call: |
| Goua | Name of Person at (407) 733 - 3557 Area Code Daytime Telephone Number |
| Enclosed is a | theck for the following amount: |
| ½ \$25.00 Fi | ing Fee S \$30.00 Filing Fee & S \$55.00 Filing Fee & S \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| Regi | ng Address: Street Address: Stration Section Registration Section Division of Corporations |
| | sion of Corporations Division of Corporations Box 6327 The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

e,

20

| | Λ Λ. | 110 |
|--|--|---|
| (Name of the Limited | Liability Company as it now appears on or | N LLC S |
| (A | Florida Limited Liability Company) | ii w |
| The Articles of Organization for this Limited Liab | ility Company were tiled on <u>03</u> | 01 7024 and assigned |
| Florida document number <u>L Z 4 O O 1 (</u> | D7544 | 다. |
| This amendment is submitted to amend the follow | ing: | |
| A. If amending name, enter the new name of the | ne limited liability company here: | |
| G. O. REAL S | STATE / LC | |
| | | ion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicab | le: | |
| (Principal office address MUST BE A STREET). | ADDRESS) | |
| | of Organization for this Limited Liability Company were filed on | |
| | | |
| Enter new mailing address, if applicable: | - | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | |
| | | |
| D. If amonding the variety and agent and/on veg | latanad affice adduses on our record | s antou the name of the new registers. |
| agent and/or the new registered agent and/or reg | | s, enter the name of the new registered |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida stre | et uddress |
| | | , Florida |
| | 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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