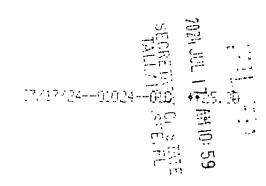
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## **COVER LETTER**

A company

TO: Registration Section Division of Corporations
SUBJECT: Antonio nonos LLC "
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Antonio nonez
Antonio Mines LLC
12220-le sagharbox et
Address
Wellington FL 33414
City/State and Zin Code  Lychoo. Loin  E-mail address: (to be used for future agricult report notification)
For further information concerning this matter, please call:
Antonio Nonwa at (784) 514-3494  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florid	ity Company as it now appears on our a Limited Liability Company)	_
The Articles of Organization for this Limited Liability C Florida document number 1240 291	Company were filed on <u>//</u> Z <u>別</u> ろ	202H and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDI		RET 7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		65 Mg
B. If amending the registered agent and/or registere	d office address on our records,	enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Ent <b>e</b> r Florida stree	t address
		, 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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ecord specifies a o is filed.	delayed effective date,	but not an ef	fective time	, at 12:01 a.m	. on the earlie	r of: (b)	The 90th	i day after ti
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Filing Fee: \$25.00