L10000111370

(Requestor's Nam	ne)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
(Business Entity I	Name)				
(Document Number)					
Certified Copies Certifica	ates of Status				
Special Instructions to Filing Officer:					

Office Use Only



100188887911

12/22/10--01030--008 **30.00

10 DEC 22 PH 1:35
SECRETARY OF STATE
SECRETARY OF S

J. BRYAN

DEC 23 2010

EXAMINER

COVER LETTER

Division of Co	rporations		
SUBJECT:	MONTMAT Name of Limit	RE ASSETS red Liability Company	LLC.
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	10 OF THE
	HAPOY	Canete Name of Person	Troup Troup
	MEC	Holdens (Troup 3
	<u>4581 We</u>	Ston Rd #368 Address	
	Westo	FL 33331 Clty/State and Zip Code	
	INFO DE-mail address: (to	NECPROCESSING. Co be used for future annual report notificat	o M ion)
For further information of	concerning this matter, please ca		
HAPOL	CAN Ete	at (954) 401-50 Area Code & Daytime To	158 elephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	KL AS	SEIS, LIC.
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 10001113</u> 7		2010 and assigned
This amendment is submitted to amend the following:		SEE OF PH
A. If amending name, enter the new name of the limited liab	oility company here:	FLORIE STATE
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		,.
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		uston Rd #368 , FLo 33331
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ecords, <u>enter the name of the new</u>
Name of New Registered Agent:	-,	
New Registered Office Address:	Enter F	lorida street address
		, Florida
	City	Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
16RM	HAPDY CANETE	UESTON FL. 33331	Add Remove
			Add Remove
			Add Remove
			Add Remove
	·		Add Remove
			Add Remove
D. If amendir	ng any other information, enter change EIN # 99 – 0	(s) here: (Attach additional sheets, if necessary.)	
		TALLAHASSEE, FLORIDA	10 DEC 22 PM 1: 39