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SECRETARY OF STATE

T. CLINE DEC 29 2009 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited 1.	EMS AW Company
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the	e following:
ERIC	P. HEBERT Name of Person
TIGER S	Frm/Company
11305 1	72ND PLACE N. Address
TUPITE	Z FL 33478 y/State and Zip Code
The systemal address: (to be	ws (a) be south net wised for future annual report notification)
For further information concerning this matter, please call:	
PRIC P HEBERT Name of Person	at (321) 323 - 4144 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	·
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\int \\$ \$60.00 \text{ Filing Fee,} \\ Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O: Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building
Tallahassee, FL 32314	Z661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ency as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	F January 1, 2010 ility company here:
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	11305 172 ND Place N. Jupiter, FL 33478
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Jupiter, EL 33478
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	RIC P. HEBERT 305 172 ND Dlane N
New Registered Office Address:	Enter Florida street address Other , Florida 33478 City Zip Code -
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre- the provisions of all statutes relative to the proper and complete.	ee to act in this capacity. I further agree to comply with

Page 1 of 2

accept the obligations of my position as registered agent as provided for in Chapter 608, 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 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> <u>Name</u> <u>Address</u> Type of Action ☐ Add ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December or authorized representative of a member

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Filing Fee: \$25.00