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| (Requestor's Name) | |
|--|--------------------------|
| (Address) | 100160870991 |
| (Address) | 100100070001 |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | 09/25/0901011026 **60.00 |
| (Business Entity Name) | |
| (Document Number) | AS OS |
| Certified Copies, Certificates of Status | SECRETARY ALLAHASSE |
| Special Instructions to Filing Officer: | PHIZ: 5 |
| | RIDA STE |
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Office Use Only

D. BRUCE

SEP 28 2009

EXAMINER

COVER LETTER

| TO: Registration Section . Division of Corporations | |
|---|---|
| SUBJECT: Naughan and Limited Liability Company and name and ad | ments Idress changes |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Deborah Caje Name of Person DACAYE LL C Firm/Company | |
| 946 Johns Rd. Address | · · |
| Augusta, GA. 30904 City/State and Zip Code dacaule 30903 @ And. Com E/mail address: (to be used for future annual report notification) | FILE 09 SEP 25 PH SECRETARY OF TALLAHASSEE |
| For further information concerning this matter, please call: | PH IZ: 51 |
| De borah Caye at (706) 832-3564 Name of Person Area Code & Daytime Telephone Number | ORIDA ORIDA |
| Enclosed is a check for the following amount: | |
| (additional copy is enclosed) Certified C | of Status & |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

| Vaue han C | alle LLC | |
|--|--|--|
| (Name of the Limited Liability Compan (A Florida Limited L | y as it now appears on our records.) ability Company) | |
| | 51. 1. 1. 2.419 | |
| The Articles of Organization for this Limited Liability Company | were filed on $\sqrt{u/y/}$, 2009 and assigned | |
| Florida document number <u>LO 9 0000 63 7/8</u> . | • | |
| · | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| NACAVE 11C | | |
| The new name must be distinguishable and end with the words "Limit | ed Liability Company," the designation "LLC" or the abbreviation | |
| "L.L.C." | CP / U.S | |
| Enter new principal offices address, if applicable: | Debrah Carle | |
| (Principal office address MUST BE A STREET ADDRESS) | 946 John & Road 18242 Resid | |
| | Augusta, GA 30904/Amelia Talan | |
| | - Ela 32/34 | |
| Enter new mailing address, if applicable: | De bora h John Donal | |
| (Mailing address MAY BE A POST OFFICE BOX) | 941. Tolar Product | |
| Maning address MAT BE A FOST OFFICE BOA | 1 1 1 1 2 1 2 1 2 1 2 1 1 1 1 1 1 1 1 1 | |
| • | Flugusta, 64.30104 | |
| B. If amending the registered agent and/or registered off | ice address on our records enter the name of the new | |
| registered agent and/or the new registered office address here: | | |
| | 를 하는 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 | |
| Name of New Registered Agent: | ah lave SSR 25 | |
| An II. | | |
| New Registered Office Address: | Enter Florida street address 7 | |
| 0 1 - | TII | |
| Hme lia. | Ls and , 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 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 Changing Registered Agent, Signature of New Registered Agent

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 <u>Address</u> Type of Action MGRM Charlene Vaughan

MGRM Charlene Vaughan Remove 4532 S.W. 28 Terrace Ft. Lauderdole FloriDA 33312 Remove □Add Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Mailing address to be: 946 Johns Rd., Augusta, 6A30904 Principal address to be: 8242 The Residence Ct., Amelia Island, FL 32034 Sept 22, 2009 Webout Caye
Signature of a member or authorized representative of a member Deborah Cauje

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00