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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON FEB 1 6 2011 EXAMPLES

COVER LETTER

TO: , Registration Section Division of Corporations
SUBJECT: Angela Daylor 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:
Mary K. Mobley Name of Person
Firm/Company
18144 Bahama Bry DRIVE
Tamps, F. 33647 City/State and Zip Code
E-mail address: (to be ased for future annual report notification)
For further information concerning this matter, please call:
Michail Mobley at (813, 293-0708) Name of Person at (813, 293-0708) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$ Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

11 FEB IL PH A AT Liability Company as it now appears on our records.)
Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited 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:

"L.L.C."

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered 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:

Enter Florida street address

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 Subility company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Address **Type of Action Title** Name Add 🔀 Remove ☐ Add ☐ Remove Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00