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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Charial landwatians to Filian Officer
Special Instructions to Filing Officer:





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12/11/08--01010--004 **25.00



S. HAWKES
DEC 1 2 2008
EXAMINER

COVER LETTER

Division of Corporations							
SUBJECT: 10836 Lem Tumer Road LLC (Name of Limited Liability Company)							
, t	Amendment and fee(s) are sub	_					
Please return all correspondent	ondence concerning this matter	to the following:					
	F	(Name of Person)					
**	1083	Firm/Company)	d LLC				
	6 Sin	Lead NY 11545					
	Glen H	Lead WY 11545 (City/State and Zip Code)					
For further information of	concerning this matter, please c	ali:					
Pre m (Name	Chatpar of Person)	at (5/6) 236 5 (Area Code & Daytime To	elephone Number)				
Enclosed is a check for t	he following amount:						
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy				

MAILING ADDRESS:

Registration Section

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 12/26/06 FIGURE 106 600 1 2 2 0 5 3 FET # 208 10 10 19 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 6 Simonson Ct len Head WY 11545 Enter new mailing address, if applicable: (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: Prem Chatpar

10836 Le m Turner Rd

(Enter Florida street address)

Tacksonville, Florida 32218

(City) (Zip Code) Name of New Registered Agent: New Registered Office 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 liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

Managing N	dember being and	led or removed from		·
	ger naging Member		Address	Type of Action
itte 10 RM	Name Jzw.s	Prendergat		Ave Add Ch F Remove 33 441
MGR.	Jomes	Prendergast	1301 SE 13th / Deerfie 18 Bch	Fl 33441 Remove
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D. If amend	ding any other inf	ormation, enter chan	ge(s) here: (Attach additional she	eets, if necessary)
	12 /2			11 PH 4: 29
-	12/8	Signature of a member	or authorized representative of a men	
			renders a printed name of signee	ber

Filing Fee: \$25.00