#205000117357

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name) (Document Number)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer: CORRECTION TO MBRM PER CONVERSATION WITH ELIZABETH GOODEN 4/27/2011 KS (MGRM WAS LISTED TWICE)		

Office Use Only



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04/25/11--01035--019 **25.00

FILLED

17 APR 25 PM 12: 26

STATE
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K.SALY EXAMINER APR 27 2011

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jeff Gooden Name of Person
anything Tile, UC.
5270 Springdale Or
Milton FL 32570 City/State and Zip Code
Final address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Teff Gooden at (850) 287 - 503.5 Name of Person Area Code & Daytime Telephone Number (850) 287 - 503.4
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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 OF

TILED

11 APR 25 PM 12: 26

SECHETARY OF STATE
HALLAMASSEE FLORID

Onything Ti	Liability Compa Florida Limited I	ny as it now appears on ou liability Company)	SECHLIANY OF PALLAHASSEE, FI	37, 10i
The Articles of Organization for this Limited Lia Florida document number <u>LOS DOCI</u>		were filed on <u>Dec.</u>	8, 2005 and assigned	
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," the	designation "LLC" or the abbreviati	on
Enter new principal offices address, if applica (Principal office address MUST BE A STREE)				- -
Enter new mailing address, if applicable:				_
(Mailing address MAY BE A POST OFFICE E	<u>80X)</u>			-
B. If amending the registered agent and/o registered agent and/or the new registered off			ords, enter the name of the no	ew
Name of New Registered Agent:	Jeff	Gooden		-
New Registered Office Address:	5270	Spring dale	Dr ida street address	-
	_milt	City	, Florida 32570 Zip Code	<u>-</u> •

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, Lhereby confirm that the limited liability company has been notified in writing of this change.

Charging Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 **Title** Type of Action <u>Name</u> **Address** MGRM Lee Howard Male Remove merm Remove ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) therson managing members are 20M Dated_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00