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SECRETARY OF STATE STATE OF STATE OF CORPORATIONS

J. BRYAN
DEC - 1 2008
EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Lenhard	.		
			
•			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Joyce Lenhardt		
	•	(Name of Person)	<u></u>
•	Lenhardt and Wickham,	LC	08 1 SEC
		(Firm/Company)	2 88.
	301 Valencia Court		2 Take
		(Address)	OB NOV 25 MILL: O4
	Winter Garden, FL 3280	8	
	William Galdell, 1 E 9200	(City/State and Zip Code)	
For further information co	oncerning this matter, please c	all:	
Joyce Lenhardt		at (407) 656-8078	
(Name o	f Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for th	e 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 (additional copy is enclosed)
MAILI	NG ADDRESS:	STREET/COURIER	ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Lenhardt and Wickham, LC			7 25
(Name of the Limited	Liability Company as it now Florida Limited Liability Cor	y appears on our records.)	
(A	. Florida Limited Liability Cor	mpany) executed, filed	
m	. 1 114 - 61 - 1 - 61 - 1		
The Articles of Organization for this Limited Li	lability Company were filed	on date 20, 2000 7/3/24	and assigned
Florida document number L00000008134			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability comp	any here:	
· · · · · · · · · · · · · · · · · · ·			
COT			T (32) (1 11 1 1 1
The new name must be distinguishable and end wit "L.L.C."	in the words "Limited Liability	/ Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applic	able:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREE	TADDRESS)		
Enter new mailing address, if applicable:	/		
(Mailing address MAY BE A POST OFFICE	BOX)		
			
		<u> </u>	
B. If amending the registered agent and/o	on registered office addre		ha -a
registered agent and/or the new registered of		ss our our records, enter t	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:	\mathcal{L}		
New Registered Office Rudiess.	à 1/2	(Enter Florida street add	tress)
		•	,
	1	, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing F	legistered 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>	<u>Name</u>	Address	Type of Action
<u>MGRM</u>	John McCammack	3218 Stonewood Court, Orlando, 32806	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	·····		Add Remove
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	AON BO
	XA		ETLED STATE PEROPPORATION OF THE CORPORATION OF THE
		m = C/	-04
Dated Novem	Janka Lanh	nber or authorized representative of a member	
	Joyce Lenhardt		
	Ty	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00