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(Requestor's Name)	
(Requestors Name)	
(Address)	
(Address)	
(Address)	
(law see,	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
,	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	





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08/09/04--01051--012 **25.00

FOREGARY OF STATE

H 1: 21:

LOO-13415

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: SUS 9N MAY CUS LC (Name of 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:
Susan Sheparn (Name of Person)
(Firm/Company)
11673 WimbleDon Circle
Wellington Floring 33414 (City/State and Zip Code)
For further information concerning this matter, please call:
SUSAN Shelarb at 208 M25 040 E (Name of Person) (Area Code & Daytime Telephone Number 11)
Enclosed is a check for the following amount:
S25.00 Filing Fee S25.00 Filin

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

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

	Susa	n Ma	rcU5						
		(A Florid	(Present Name) la Limited Liability	Company)					
FIRST:	The Articles of Organ document number	ization were file	d on 10-7	1.00 15	and ass	signed			
SECOND	The following ame	ndment(s) to th	e Articles of O	rganization w	as/were ad	opted by	the limite	ed	
	Name ch	range	From	505	an N	Λαι	LUS	LC	
	to Sus	an Sl	nepara	d Lc					
			•						
		L.					SEC	04 A1	
								6-9f	
Dated	Aug. 2nd		1004.			_	3.40 K	04 AUG -9 PM 1:24	
	Susan	Marci	es / Si	usem j	Shepar	d	ADIAC	1:24	
	Sign	ature of a member	er or authorized rep	resentative of a	member				

Filing Fee: \$25.00