## L0/0000/16980

ı	Requesto	r's Name)	
	(Address)		
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A. LUNT

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**EXAMINER** 

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## **COVER LETTER**

Registration Secti Division of Corpo			
CT:	Tranco Walla	ce + Packer PL	•
	Name of Lin	nited Liability Company	
losed Articles of Ar	nendment and fee(s) are s	ubmitted for filing.	
eturn all correspond	ence concerning this matt	er to the following:	
		Craig Packer Name of Person	
		Firm/Company	2010 SEC
		8751 W. Broward B	N.J., # JI AN 19
		Plantation, FL 33324	T E P
		City/State and Zip Code	Constant
	E-mail address:	to be used for future annual report notification	on) Bri 🕳
her information con			
Crang P. Name of P	ac (Cer erson	at (954 ) 236-049 Area Code & Daytime Te	2 lephone Number
	•	<b></b>	<b>—</b>
00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registrati	ion Section	STREET/COURIER Registration Section	
P.O. Box	6327	Clifton Building	
	her information con  CT:  CT:  CT:  CT:  CT:  CT:  CT:  CT	CT: Franco Wallar Name of Lin  Cpac  E-mail address  her information concerning this matter, please  Was Packer  Name of Person  In is a check for the following amount:  00 Filing Fee \$30.00 Filing Fee &	Division of Corporations  CT: Franco Wallace & Packer Pt Name of Limited Liability Company  Closed Articles of Amendment and fee(s) are submitted for filing.  eturn all correspondence concerning this matter to the following:  Craig Packer Name of Person  Firm/Company  875   W. Broward B Address  Plantation Ft. 33324  City/State and Zip Code  Cpacker & floridaelder   E-mail address: (to be used for future annual report notification for information concerning this matter, please call:  Was Packer  Name of Person  at (951) 236-049  Area Code & Daytime Tee  Certificate of Status  MAILING ADDRESS:  Registration Section Division of Corporations P.O. Box 6327  Cliffon Building

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Franco Wall	ace + Packer PL	
( <u>Name of the Limited Liab</u> (A Flori	Ace - Packer PL ility Company as it now appears on our records da Limited Liability Company)	.)
The Articles of Organization for this Limited Liabilit		1 and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the	limited liability company here:	201 SE
Wallace + Paci	Ker PL	LARE A
A. If amending name, enter the new name of the Wallace & Pac. The new name must be distinguishable and end with the "L.L.C."  Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL	words "Limited Liability Company," the designation	on "L) CF or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:	· - · - · - · - · · - · · - · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
<del>-</del>	, Florid	
	City	Zip Code

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

+ +3

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 = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			Bemove
			HASSAA
			— Remove 1
			SIAI⊓Add
,			<u>□ □ Re</u> move
			Add
			Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if neces	essary.)
			<del></del>
Dated	1/12,	2010	
		1 R	
	Signature of a p	plember or authorized representative of a member	
		Typed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00