L02000009645

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

Office Use Only



000181894800

06/11/10--01027--004 **25.00

T. CLINE

JUN 14 2010

EXAMINER

SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

	vision of Corporations		
SUBJECT:	10-100	0 Holdings LLC	
SOBOLET		nited Liability Company	
The enclose	d Articles of Amendment and fee(s) are su	ubmitted for filing.	
Please retur	n all correspondence concerning this matte	er to the following:	
		Christine L. Williams	_
		Name of Person	
		10-100 Holdings LLC	_
		Firm/Company	_
		10100 S. Federal Hwy	
		Address	_
	F	Port St. Lucie, Fl. 34952	_
	T L .	City/State and Zip Code	
	E-mail address:	ShellBazaar@yahoo.com (to be used for future annual report notification)	
For further	information concerning this matter, please	call:	7810 SE
	Christine L. Willliams	at (772) 475-0951	ZEIG JUH III SECRETARY TALLAHASSI
	Name of Person	Area Code & Daytime Telephone Number	er SSEE, F
Enclosed is	a check for the following amount:		SINI ST
\$25.00 1	Filing Fee \$\sum \frac{1}{30.00}\$ Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	iling fee, ate of Status & ad Copy anal copy is enclosed)
	MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section	

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

10-	100 Holdings LLC	
(<u>Name of the Limited Liab)</u> (A Florid	lity Company as it now appears o da Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on O \frac{1}{2}	18 2002 and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
		20 3
	₹ 16	
Enter new mailing address, if applicable:		75.00 T
(Mailing address MAY BE A POST OFFICE BOX)		17 m
		5 5
		82 - 0
B. If amending the registered agent and/or registered agent and/or the new registered office a		
Name of New Registered Agent:		
New Registered Office Address:	Enter	Florida street address
	City	, Florida 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

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

Type of Action Address Title Name MGRM Christopher A. Staker 704 E. Fort King St. ☐ Add Ocala, FL 34471 Remove ☐ Add Remove ☐ Add ____ Remove ☐ Add Remove Add Remove 元子 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _____ June 10 Signature of a member or authorized representative of a member Christine L. Williams Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00