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SECRETARY OF STATE ALLAHASSEE, FLORIDA

TIED

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: POSABILITIES LLC (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:					
William A. Oleksinski, Jr. (Name of Person)					
Posabilities LLC (Firm/Company)					
2180 West First Street + 300					
Fort Hyers FL 33901 (City/State and Zip Code)					
For further information concerning this matter, please call:					
William A. Oleksinski, Jr., at (239) 337-4767 (Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \tex					

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**

POSAGIL (Name of the Limited I	Liability Company as it now appear	rs on our records.)	
The Articles of Organization for this Limited Lia		01. 15, 2002 a	nd assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	1 2,
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "LLC" of	or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, <u>enter the na</u>	ime of the new
Name of New Registered Agent:	Dillon D. Fret	vell	· <del></del>
New Registered Office Address:	2180 Wert 147 S	treet, Suite nter Florida street address)	JU1
	Ft Myerv (Civy)	, Florida 33 (Zi <sub>j</sub>	) 0   p 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) 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 = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
HGR	William M. Gront	14115 Horbor Wood Or.	Add  Kemove
<u>M 6 R M</u>	R Michael Smith	2180 West First Stree Furt Hyers, FL 33901	Add Remove
<u>MGRH</u>	William A. Oleksinski	, Jr. 2180 West 7; rx Stree	Add Remove
			Add Remove
			Add Remove
	•		Add Remove
D. If amend	ing any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)	
			<u> </u>
Dated	Willi HOLA Sur Signature of a member of	A. J. HASSE	FILE 2008 JAN 24 PI
	William A. Olek	sinski Tr	PH 2: II
		Page 2 of 2	įri 🗀

Filing Fee: \$25.00