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SECRETARY OF STATE SECRETARY OF CORPORATIONS

J. BRYAN

OCT 2 0 2008

EXAMINER

COVER LETTER

	ration Section on of Corporations	
SUBJECT:	(Name of Limited Liability Company)	
The enclosed Ar	rticles of Amendment and fee(s) are submitted for filing.	
Please return all	l correspondence concerning this matter to the following:	STATE SEA
	CICHARD A. FRIEDMAM (Name of Person)	CHET LA HAII: HA
	(Firm/Company)	7
	P.O. Box 775026 (Address)	
	CTEAM BOAT SPRINGS CO SO477 (City/State and Zip Code)	
For further inform	rmation concerning this matter, please call:	
Rich	(Name of Person) at (976) 875-0999 (Area Code & Daytime Telephone Number)	
Enclosed is a che	neck for the following amount:	
□ \$25.00 Filing	g Fee \$\square\$\$\$\$\$30.00 \text{ Filing Fee & Certificate of Status}\$\$\$\$55.00 \text{ Filing Fee & Certificate of Status}\$	

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

DOC	
(Name of the Limited Liability Co	ompany as it now appears on our records.) ited Liability Company) apany were filed on April 3, 2003 and assigned.
(A Florida Limi	ited Liability Company)
The Articles of Organization for this Limited Liability Com	pany were filed on April 3, 2003 and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	128 J. BEACH ST. # 192
(Principal office address MUST BE A STREET ADDRES	128 S. BEACH ST. # 192 SI DAYTONA BEACH, FL 32114
Enter new mailing address, if applicable:	P.O. BOX 775026 STEMMSORT SPRINGS, GO 80477
(Mailing address MAY BE A POST OFFICE BOX)	STEAMSORT SPRINGS GO
	80477
registered agent and/or the new registered office address Name of New Registered Agent:	S. Bench ST. # 192 (Enter Florida street address) (City) (Enter Code)
	(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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title Type of Action** Name | <u>Address</u> MGR KAREN L. FRIEDMAN _ Add **Remove** ☐ Add Remove r¶ Add Remove ☐ Add Remove ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member KICHARD A. FRIEDMAN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00