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SECRETARY OF STATE OF STATE OF CORPORATIONS OF CORPORATIONS

J. BRYAN

JAN 3 0 2008

EXAMINER

COVER LETTER TO: Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Person) (City/State and Zip Code) For farther information concerning this matter, please call: (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$60.00 Filing Fee, \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Name of the Limited Li(A F	OF er + 1 b ed	Africa CCC	
The Articles of Organization for this Limited Liab Florida document number	ility Company were filed on	200 3and assigned	
This amendment is submitted to amend the follow	ing:	OB JAN 29	
A. If amending name, enter the new name of the	ne limited liability company here:	PR 4: 2:	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company,"	' the designation "LLC" or the abbreviation .	
B. If amending the registered agent and/or registered agent and/or the new registered offic		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	(Enter	Florida street address)	
	, Florida		
	(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)

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		
<u>Title</u>	Name	Address	Type of Action
Mgv	Agres M. Wol	fe \$806 29th Street E Pavish F1 3429	Add Remove
Marm	Paul Bryson (Silver Ligger 4th Street N., St. Peterburg, F1 73.	Suite AAdd Remove
Mgr	Debbie Gibion	2000 4th Street N.,	Olfe MAdd Remove
Mgv.	Thomas CG	ildson 102 Cantana Drive Kennett Square, PA	Add Remove
			Add Remove
			AddRemove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if nec	essary.)
-4 	Change Pringip 2800 4th St St. Peterslavg,	rect N. Cute 191 F1 33704	91VISION OF COMPANY 29
 Dated	1/24	08	LED STATE CORPORATIONS OR PN 4: 22
	1 / 1/	member or authorized representative of a member Of USON (S) USON Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00