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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company 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:
TERRANCE HERNANDEZ Name of Person Firm/Company 21-24 NORTHWEST 44 PLACE Address
Firm/Company
21-24 NORTHWEST 44 PLACE FORTH Address
CAPE CORAL, FL. 33493 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TERRANCE (HERNANDEZ at (954) 612 - 577) Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \(\text{S55.00 Filing Fee & Certificate of Status} \) \$25.00 Filing Fee \(\text{Certificate of Status} \)
(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 Tallahassee, FL 32314

TO:

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NORTHWEST FLOR	ZIDA FLI	GHT SER	evicus	L.L.	C,		
(Name of the Limited (A	Liability Compan Torida Limited L	y as it now app ability Compan	ears on our y)	records.)		•	
Name of the Limited I The Articles of Organization for this Limited Lia Florida document number \(\subseteq 30000 \) This amendment is submitted to amend the followard for the new name of the Limited I A. If amending name, enter the new name of the new name of the limited I A. If amending name, enter the new name of the limited I A. If amending name, enter the new name of the limited I A. If amending name, enter the new name of the limited I A. If amending name, enter the new name of the limited I A. If amending name, enter the new name of the limited I A. If amending name, enter the new name of the limited I A. If amending name, enter the new name of the limited I A. If a mending name, enter the new name of the limited I A. If a mending name, enter the new name of the limited I A. If a mending name, enter the new name of the limited I A. If a mending name, enter the new name of the limited I A. If a mending name, enter the new name of the limited I A. If a mending name, enter the new name of the limited I A. If a mending name, enter the new name of the limited I A. If a mending name, enter the new name of the limited I A. If a mending name, enter the new name of the limited I A. If a mending name, enter the new name of the limited I A. If a mending name, enter the new name of the limited I A. If a mending name, enter the new name of the limited I A. If a mending name, enter the new name of the limited I A. If a mending name, enter the new name of the limited I A. If a mending name, enter the new name of the limited I A. If a mending name, enter the new name of the limited I A. If a mending name, enter the new name of the limited I A. If a mending name, enter the limited I A. If a mending name, enter the limited I A. If a mending name, enter the limited I A. If a mending name, enter the limited I A. If a mending name, enter the limited I A. If a mending name, enter the limited I A. If a mending name of the limited I A. If a mending name of the limited I A. If a mending name	bility Company	were filed on _	Oet 7,	2003	SECRE LARY TALLAHASSE	issigned T	: :
This amendment is submitted to amend the follow	wing:				FOF		عين ليني.
A. If amending name, enter the new name of	the limited liabi	lity company	<u>here</u> :		LORIDA	2: 40	
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Cor	mpany," the c	lesignation '	'LLC" or th	ne abbreviati	on
Enter new principal offices address, if applica	ble:	21-24	NORTH	NUST 4	14 P	LACE	
(Principal office address MUST BE A STREET	(ADDRESS)	21-24 CAPÉ	CORAL	FL	339	93	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/o		21-24 CAPE C	······································	· · · · ·		, , , , , , , , , , , , , , , , , , , 	•
registered agent and/or the new registered off			a our reco	. O.S. <u>C.110-1</u>	the mann	<u> </u>	
Name of New Registered Agent:	TENR	ance t	FRNA	1082			
New Registered Office Address:	TEXR. 21-24 N	lorthues	T 44? Enter Florid	LA Ρί da street ad	LACE Idress		
	CAPE	CORAL		, Florida	FL	3399	3
		City			Zip C	ode	
New Registered Agent's Signature, if changing R	egistered 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 Caraging 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 = Man MGRM = M	ager anaging Member		
<u>Title</u>	Name	Address	Type of Action
<u>ngr</u> m	•	2802 WOODMERE DE PANAMA CITY, FL 32405	Add Remove
<u>mgr</u> m	TERRANCE HERNANDEZ	CAPE CORAL, FL 33995	Add Remove
			Add Remove
·			Add Remove
			200 Age nove 7
·		LO SEE	PR 55
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary)	0 1 0 1
			_
			
	Just W. Wenner Signature of a member	111-e.	
	FRED W. WERNER	TERRANCE HERNANDE 2 or printed name of signee	

Filing Fee: \$25.00