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2009 MAY -S AM 11: 2: SECRETARY OF STATE

C. LEWIS

MAY - 6 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: MICHAEL D ALEXANDER 1 L. L. C. (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:					
MICHAEL D ALEXANDER (Name of Person)					
MICHAEL D ALEXANDER "L.L.C." (Firm/Company)					
1559 HEIGHTS COURT (Address)					
MARCO TSLAND, FLORIDA 34/45 (City/State and Zip Code)					
For further information concerning this matter, please call:					
MICHAEL D ALEXANDER at (248) 302 - 4236 (Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$30.00 Filing Fee \$Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee \$Certified Copy (additional copy is enclosed) \$25.00 Filing Fee \$Certified Copy (additional copy is enclosed)					

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

FILED

ARTICLES OF ORGANIZATION OF

2009 MAY -5 AM 11: 27

ALEXANDER INVES	SECRETARY OF STATE
ALEXANDER /NVES (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>LO3000038840</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile. MICHAEL D ALEXANDER The new name must be distinguishable and end with the words "Limit "L.L.C."	11 , , , , , , , , , , , , , , , , , ,
Enter new principal offices address, if applicable:	1559 HEIGHTS COURT
(Principal office address MUST BE A STREET ADDRESS)	MARCO ISLAND, FLORIDA 34/45
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
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.

MGR = Manager MGRM = Managing Member

Title , ,	Name	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
	<u></u>		= 5
			Add Remove
<u>.</u>			Add Remove
			Remove
D. If ame	ending any other information, o	enter change(s) here: (Attach additional she	eets, if necessary.)
-			
- - Dated <u>(</u>	apûl 27	_, _ <i>2009</i>	·
	- YVichaly Signature	of a member or authorized representative of a m	ember TALLARY SECONDE
	MICHAEL	Page 2 of 2	ED MII: 27
		Filing Fee: \$25.00	RE 27