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M. THOMAS

OCT 1 2009

EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Blain Logue E Name of Limited	Liability Company
The enclosed Articles of Amendment and fee(s) are submit	tted for filing.
Please return all correspondence concerning this matter to	the following:
- Tommy	B. Loque Name of Person
·	, <u></u>
	Firm/Company
3320 Mica	No pro Trail Address
Tall.	City/State and Zip Code
E-mail address: (to be	e used for future annual report notification)
For further information concerning this matter, please call:	a s
Tommy B. Logue Name of Person	at (850) 668-0017 (53) Area Code & Daytime Telephone Number (770)
Enclosed is a check for the following amount:	080 18 18
\$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & 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 ARTICLES OF ORGANIZATION OF

Blaine Logi Name of the Limited Li	DE ENT	as it now appears on our	r records.)	<u></u>
	orida Limited Liab		 ,	
The Articles of Organization for this Limited Liab		ere filed on $i \ge \sqrt{g}$	8/03	and assigned
Florida document number <u>Lo30000</u>	507.43			
				1
This amendment is submitted to amend the following	ing:	,		
A. If amending name, enter the new name of th	e limited liabilit	y company here:		_
Loques Home	1 h. 000 1	iom outerl	にと言	96 A
The new name must be distinguishable and end with the	ne words "Limited	Liability Company, the	designation 21.6	? or the abbreviation
"L.L.C."			AS	
Enter new principal offices address, if applicable	le:		SE	Z = M
(Principal office address MUST BE A STREET)	- ADDRESS)		-	8 5 0
The same same same same same same same sam			ĺ	3 5
				5m
Enter new mailing address, if applicable:				<i>y</i>
(Mailing address MAY BE A POST OFFICE BO	- D Y)			
Amuning dualess MAT BE ATOST OFFICE BO	<u> </u>			
	-			
B. If amending the registered agent and/or	registered office	e address on our rec	ords, enter the	name of the new
registered agent and/or the new registered offic				
Name of New Registered Agent:				
Name Basinson I Office Address				
New Registered Office Address:		Enter Flor	ida street addres.	<u> </u>
			F122.	
·	(City	_, Florida	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

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tion, enter change(s) here: (Attach additional shee	ets, if necessary of the
B. Ben	
	gnature of a member of authorized representative of a member of min 9 B GUR Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00