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SECRETARY OF STATE DIVISION OF CORPORATIONS

08 FEB 25 PM 2: 32

T. HAMPTON

FEB 2 6 2008

EXAMINER

COVER LETTER

	egistration So ivision of Coi			
SUBJECT	Bill Scha	ub LLC		
			nited Liability Company)	
The enclos	ed Articles of	Amendment and fee(s) are sub	bmitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Bill Schaub	(Name of Person)	
			(Name of Person)	
			(Firm/Company)	
			(
		2657 Pirates Bay Dr	(Address)	
			(Audress)	
		Fernandina Beach, I		
			(City/State and Zip Code)	
For further	information o	concerning this matter, please of	call:	
Bill Scha	aub		at (904) 335-1837	
	(Name	of Person)	(Area Code & Daytime T	elephone Number)
		he following amount:		
 \$25.00`	Filing Fee	₹\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Solution Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations	STREET/COURIER Registration Section Division of Corporation	
		ox 6327 assee, FL 32314	Clifton Building 2661 Executive Center Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)		
Liability Company were filed on Fe	bruary 13, 2004 and assigned		
·			
lowing:			
of the limited liability company he	<u>re</u> :		
ith the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation		
	our records, <u>enter the name of the new</u>		
2657 Pirates Bay Dr.			
(Enter Florida street address)			
Fernandina Beach	, Florida <u>32034</u>		
(City)	(Zip Code)		
	/or registered office address on office address here: 2657 Pirates Bay Dr. (E		

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

Page 1 of 2

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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 = M MGRM =	anager Managing Member			
<u>Title</u>	<u>Name</u>	Address	Тур	oe of Action
				Add
				Remove .
		·-		Add
			_	Remove
				Add Remove
				Add Remove
	<u></u>		_ 	Add Remove
	1		_ □	Add Remove
D. If amer	nding any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)	· · ·	SECRETARY OF STATE DIVISION OF CORPORATIONS 08 FEB 25 PM 2: 32
Dated Dec	Fill Sol	2007		
	Signature of a m	ember or authorized representative of a member		-
	Dili Octiado	Typed or printed name of signee		_

y ped of printed name of st

Page 2 of 2

Filing Fee: \$25.00