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EXAMINER

COVER LETTER

Susanne Capuano Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$\sum_{\text{\$\frac{25.00}{\text{Filing Fee}}}} \sum_{\text{\$\frac{25.00}{\text{Filing Fee}}}} \sum_{\text{\$\text{\$\frac{25.00}{\text{Filing Fee}}}}} \sum_{\text{\$\text{\$\text{\$\text{\$\text{\$\frac{25.00}{\$\text{\$\t	TO:	Registration Sec Division of Corp						
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: Susanne C. Capuano Name of Person Susanne Capuano, Ilc Firmi/Company 3737 East Lake Dr Address Land O Lakes, FI 34639 City/State and Zip Code SCapuano@tampabay.rr.com E-mall address: (to be used for future annual report notification) For further information concerning this matter, please call: Susanne Capuano Name of Person at (813) 767-7063 Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$\sum_{\text{2}\text{2}\text{5}\text{.00}\text{ Filing Fee & Certified Copy (additional copy is enclosed)}} \square \text{\$\sum_{\text{Certified Copy} \text{\$\text{Certified Copy} \text{\$\text{Copy} \text	* CHD II	·CT.	Susan	Capuano. Ilc				
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(manifold copy is enclosed	\$25	00 Filing Fee		Certified Copy	Certificate of Status &			

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

FILED

2011 MAR -9 AM IN: LE

			THE PROPERTY OF THE			
	. t⊌usan Ca	puano. Ilc	SECHLIARY OF STATE			
(Name of the Limite	d Liability Compa	ny as it now appear	SECHLIARY OF STATE rs on our records. MHASSEE, FLORIDA			
(A Florida Limited I	Liability Company)				
The Articles of Organization for this Limited	Liability Company	were filed on	2/27/200 ánd assigned			
Florida document number <u>Loyoo</u> o	01571	6	,			
Tiorida document number	<u> </u>	6				
This amendment is submitted to amend the following	llowing:					
A. If amending name, enter the new name	of the limited liab	oility company her	<u>e</u> :			
	Susanne Ca	puano, Ilc				
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	ny," the designation "LLC" or the abbreviation			
Enter new principal offices address, if appli	icable:	3737 East La	ke Dr			
(Principal office address MUST BE A STRE	ET ADDRESS)	Land O Lake:	s, FL 34639			
The state of the s						
Enter new mailing address, if applicable:						
<u>(Mailing address MAY BE A POST OFFICE</u>	E BOX)					
B. If amending the registered agent and			our records, enter the name of the new			
registered agent and/or the new registered (office address her	<u>e</u> :				
Name of New Registered Agent:	Same as be	efore				
Novy Pagintanad Office Address	Same as be					
New Registered Office Address:	New Registered Office Address: Enter Florida street					
		Lini	ee, 1 see waa sse ees aaan ess			
			, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

No changes Add Rem Add Rem Add Rem Add Rem Add Rem Add Remc	MGRM = 1	Managing Member		
Add Rem Signature of a member of autorized representative of a member	<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		Signature of a member	or of authorized representative of a member	
JUSANNE CAPULA NA		5USANNE (C, CAPUANO	

Page 2 of 2

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