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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

MAR 1 8 2009

**EXAMINER** 

## **Registration Section** TO: **Division of Corporations** The enclosed Articles of Amendment and fec(s) are submitted for filing. Please return all correspondence concerning this matter to the following: (City/State and Zip Code) For further information concerning this matter, please call: Enclosed is a check for the following amount:

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

#### **MAILING ADDRESS:**

□\$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_bodwin herinishin	<u>a, LLC</u>			
(Name of the Limited Liability Compa- (A Florida Limited L	ny a's it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company-Florida document number LD4000362.7	were filed on <u>M</u>	2,2004	· and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Comp	any," the designation "LL	C" or the al	obreviation
Enter new principal offices address, if applicable:		······		₩
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	- SSS
				- <del>2</del> <del>2</del> 7
			~	200 1400 1400
Enter new mailing address, if applicable:			<u> </u>	POR T
(Mailing address MAY BE A POST OFFICE BOX)			<del></del> <u>ဆ</u>	AFE
				<del>- 5-</del>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter the</u>	e name of	the new
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florida street address)			
		, Florida		
	(City)		(Zip Code	<i>:)</i>
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	lete performance provided for in C	of my duties, and I an hapter 608, F.S. Or, if	n familiar Tthis docur	with and ment is

Page 1 of 2

(If Changing Registered Agent, Signature of New Registered Agent)

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

MGRM = Managing Member <u>Title</u> Name Address Type of Action Robert K Godwin MGRM Remove MGRM Remove ſ**□** Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated March or authorized representative of a member Signature of a monber Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00