## 604000047218

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
3/31 amend	

400069132514

03/31/06--01039--003 \*\*25.00

OS IAP 31 PH IN II

M. HORGES

Office Use Only

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: DIS COVERY CECKS SOLUTIONS (LC (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filling.  Please return all correspondence concerning this matter to the following:
KARL Brown (Name of Person)
Biscovery exect Solutions (Firm/Company)
7492 NW 34 8t (Address)
City/State and Zip Code)
For further information concerning this matter, please call:  Va(1 BCO(1) A CO(1) A CO
(Name of Person) at (954) 829 - 6051 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:  \$\sum{\$\text{\$\text{S25.00 Filing Fee}}}\$ \text{\$\text{\$\text{S30.00 Filing Fee}} & \text{\$\text{\$\text{Certificate of Status}}}\$ \text{\$\text{\$\text{Certified Copy}}\$ (additional copy is enclosed)} \text{\$\text{\$\text{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

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Discovery Creek Solution LLC (Present Name)	_	w
	(A Florida Limited Liability Company)		
FIRST:	The Articles of Organization were filed on Jove 7 2004 and assigned document number Louopour 18		
SECOND:	This amendment is submitted to amend the following:		
$\bigcirc$	MARCIA Resid AS The NW MGR of		
	Discovery Creeks Solution U.C.	_	
@	maxino wobster as the new morm		
		*****	
		_	
	end 	06	
	27.12 27.12	3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	mind
		<u>ئے</u>	E E
Dated	3/28/06	교	
		PH =:	
	Signature of a member or authorized representative of a member		
	Typed or printed name of signee		

Filing Fee: \$25.00

-----