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(Requestor's Name)	
(Address)	· · · · · · · · · · · · · · · · · · ·
(Address)	·
(City/State/Zip/Phone	> #)
PICK-UP WAIT	MAIL
(Business Entity Nam	ne)
(Document Number)	···.
Certified Copies Certificates	of Status

Special Instructions to Filing Officer:

A. LUNT

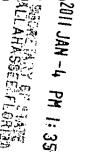
JAN - 5 2010

EXAMINER

Office Use Only



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01/04/11--01025--003 **25.00

COVER LETTER

TO:	Registration Division of C				201 EA
SUBJECT: TOTALL		TOTALLY	COVERED, LLC		
			ited Liability Company		2011 JAN -4 PM 1: 35 FALL ARASSE EXPLORES
The en	closed Articles	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all correspondence concerning this matter to the following:		36			
			DEREK SCHAEFER		_
			Name of Person		
			Firm/Company		_
PO BOX 953					
			Address		
		L	AKE CITY, FL 32056	,	
			City/State and Zip Code	, 71, 24,551	
	1965 1777	E-mail address:	rek@totallycovered.ne to be used for future annual rep	Style contact charles	
For fur	ther information	concerning this matter, please of			
	DER	REK SCHAEFER	at (386)	752-3200	
	Name	of Person		Daytime Telephone Numb	er
Enclos	ed is a check for	the following amount:			
\$25	6.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	nclosed) Certific	iling Fee, cate of Status & ed Copy onal copy is enclosed)
	Regis Divisi	tration Section ion of Corporations Box 6327	Registration Division of Clifton Buil	Corporations ding	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOTAL	LY COVERED, LLC	;		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appea a Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	07/15/2004	and assigned	
Florida document numberL0400053366	<u></u> .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company he	<u>re</u> :		
The new name must be distinguishable and end with the w	ords "Limited Liability Comp	any," the designation "Li	C" or the abbreviation	
		<u> </u>		
Enter new principal offices address, if applicable: <i>Principal office address MUST BE A STREET ADD</i>	ADECC)			
Frincipul office unuress MUST BE A STREET ADL	KESS)	In the second se	# 3 [1]	
	<u></u>	ත		
Enter new mailing address, if applicable:			် မ	
Mailing address MAY BE A POST OFFICE BOX)				
	•			
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad	stered office address on o	our records, <u>enter th</u>	e name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, 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, 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> <u>Name</u> **Address** Type of Action MGRM HELMUT SCHAEFER 167 NORTHWEST OTTER COURT ☐ Add LAKE CITY FL 32055 ✓ Remove DEREK SCHAEFER MGRM 296 MARJORIE BLVD **☑** Add LONGWOOD, FL 32750 ☐ Remove ☐ Add ☐ Remove Remove ∏ Addd ∏Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **JANUARY 1** Dated ____ 2011 Signature of a member or authorized representative of a member DEREK SCHAEFER Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00