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(Bu	isiness Entity Name)	<u> </u>
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OR AUG 26 PH 12: 1 SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. HAMPTON

AUG 27 2008.

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:AA	(Name of Lim	ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	WILLIAM S	S COTT (Name of Person)	
		(Firm/Company)	
	3900 OLDFIA	ELOS CROSSING D (Address)	D.R. APT 903
	JACKSONIC	(City/State and Zip Code)	7878
For further information c	concerning this matter, please c	all:	
(Name of Person)		at (904) 3/4 - 4.3 (Area Code & Daytime T	90 Telephone Number)
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & 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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY OF	8	可
ARY	26	
	- 32	D
LORDA	₽ P	
DA.E.		

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>Feb, 27, 2006</u> and assigned Florida document number <u>Lo400063445</u>.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here

The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	APT 903	05 CROSSING DR.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	APT 903	OS CROSSING OR E, FL. 31213
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		s, enter the name of the new
Name of New Registered Agent: New Registered Office Address:	(Enter Florida	street address)
	•	lorida(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 **Type of Action** <u>Title</u> Name | <u>Address</u> MGRM JANALEE R. SCOTT 14 LADYFISH S □ Add Remove ┌ Add Remove Remove Add Remove ___ Add Remove _ Add 🗂 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MGRM WILLIAM S, SCOTT (ADDRESS CHANGE) 3900 OLDFIELDS CLOSSING DR. APT 903 JACKSONVILLE, FL. 32223 Dated AUGUST 23 ignature of a member or authorized representative of a member WILLIAM 5, 5 COTT
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00