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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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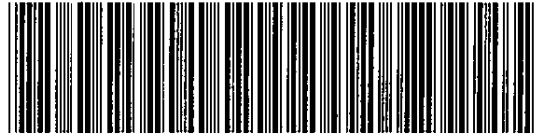
Special Instructions to Filing Officer:

L. SELLERS

JUN - 2 2009

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

09 JUN - 1 AM 9:46

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Amelia Group LLC
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:

Albert J. Glover

Name of Person

Amelia Group LLC

Firm/Company

4828 First Coast Highway Suite 5

Address

Amelia Island, FL 32034

City/State and Zip Code

albert.glover@glovergroup.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Albert J. Glover

Name of Person

at (**904**)

277-9600

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
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**

Amelia Group LLC

(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 09/29/2004 and assigned Florida document number L04000070693.

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

4828 First Coast Highway Suite 5

Enter Florida street address

Amelia Island

Florida

City

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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

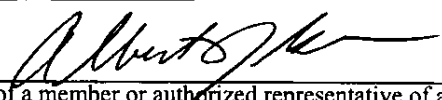
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D</u>	<u>Glen A. Glover</u>	<u>4828 First Coast Highway Suite 5</u> <u>Amelia Island, FL 32034</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>D</u>	<u>Melissa A. Glover</u>	<u>4828 First Coast Highway Suite 5</u> <u>Amelia Island, FL 32034</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>D</u>	<u>Alexandra J. Glover</u>	<u>4828 First Coast Highway Suite 5</u> <u>Amelia Island, FL 32034</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>D</u>	<u>Kelly L. Taukus</u>	<u>4828 First Coast Highway Suite 5</u> <u>Amelia Island, FL 32034</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>D</u>	<u>Kaci L. Glover</u>	<u>4828 First Coast Highway Suite 5</u> <u>Amelia Island, FL 32034</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>PD</u>	<u>Albert J. Glover</u>	<u>4828 First Coast Highway Suite 5</u> <u>Amelia Island, FL 32034</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated May 27, 2009



 Signature of a member or authorized representative of a member
 Albert J Glover

 Typed or printed name of signee

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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA