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08 JUN 19 PH 1: 12

J. BRYAN

JUN 2 0 2008

EXAMINER

COVER LETTER

Division of Corp				
SUBJECT:	Business E	xit Planners	i, LLC	
	(Name of Lim	nited Liability Company)		
			•	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Ca	ed Vance		DIVISION OF COM 1: 12
	_	(Name of Person)		
				79 C.
	Carol	A. Vance, Esq. CPA, PLC 411 55th Avenue		pri i:
	St. i	Pete Beach, FL 33706 (Address)		73
		(riddress)		
		(City/State and Zip Code)		
		(Chyrotate and 21p code)		
For further information co	oncerning this matter, please o	call:		• .
Carol A	Vance	at 727, 367- (Area Code & Daytin	1222	
(Name o	i Person)	(Area Code & Daytir	ne Telephone Number)	
	e following amount: 10	Fla Dept &	vourations	
Enclosed is a check for the	- 10.10 to 11.10 g	_		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	□\$60.00 Filing Fe Certificate of S Certified Copy (additional cop	Status &
		•		
/	NG 4 PRINCES	CERPET/COLIN	UED ADDDECC.	
Registra	NG ADDRESS: ation Section	STREET/COURI Registration Section	on	
P.O. Bo		Division of Corpor Clifton Building		
Tallahas	ssee, FL 32314	2661 Executive Ce Tallahassee, FL 32		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(A	Florida Limited L	iability Company)	,	V-3-	
The Articles of Organization for this Limited Li Florida document number LO4000		were filed on	22/04	and assigned	
This amendment is submitted to amend the folloo. A. If amending name, enter the new name of	J	ility company here:			
The new name must be distinguishable and end wit		-	the designation "LL	C" or the abbreviation	
"L.L.C." Enter new principal offices address, if application of the control of th		2904 N Tampa	1agdale.	ne Woods 1618	Or
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>	same	e as a	bore	
B. If amending the registered agent and/oregistered agent and/or the new registered of	fice address here	:			
Name of New Registered Agent:	Mic	chael C.	Valde	3	
New Registered Office Address:	7904 1	hael C. Nagdalene l Mpa (Enter	NOOOS VI Florida street addr	ess)	
	100	(City)	, Florida <u>5</u> 5	(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 Chapta being filed to merely reflect a change in the registered office address. company has been notified in writing of this change,

(If Changing Registered Agent, Signature of New P

gistered Agent)

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

MGR = Manager

MGRM = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Carol Vance	411 554h Ave St Pete Beach, FL	Add Remove
MGRM	Michael C Valdes	2904 Magdalene Woods Dr Tampa FL 33618	Add Remove
	· · ·		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
Dated	Cha	or authorized representative of a member	SECRETARY OF STATE CIVISION OF CORPORATIONS 08 JUN 19 PM 1: 12
-	(WW) Y	or printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00