## L04000088038

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(Re	equestor's Name)				
(Ad	dress)	_			
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	<b>⇒</b> #)			
PICK-UP	☐ WAIT	MAIL MAIL			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				





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FILED

12 JUL -6 PH 4: 12

SECRE LARY OF STATE
TAI LANASSEE, FLORIDA

C. LEWIS

JUL - 9 2012

EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corpora		***	vii.	( <b>4</b>	Ø	*	,. <del>*</del>	
SUBJI	ECT: Joey	5 16:08	LLC of Limited Li	ishility Com	10mr		- 31		
	•	Name	or Elimited El	аошту Соп	any				
The er	nclosed Articles of Am	endment and fee(s)	are submitte	d for filing.					
Please	return all corresponde	nce concerning this	matter to the	e following:					
	-	Jos	eP4	Name of Pers	on		<del></del>		
	-	To.	eys v	Firm/Compa	<u>LC.</u>	······································			
		310	9 C-12	Address	re. the	<u>પા૦</u>			
	-		. Ami	/State and Zip	Code 7	133	<u> </u>		
	_	E-mail ad	oc Sice dress: (to be u	Sed for future	annual report no	otification)			
For fu	rther information conce	erning this matter, p	olease call:	٠					
	Joseph Name of Per	son 3		_at ( <u>30</u>	ea Code & Day	૧૧) time Telepho	one Number		
Enclos	sed is a check for the fo	ollowing amount:							
<b>X</b> \$2:	5.00 Filing Fee	\$30.00 Filing Fee Certificate of Se		\$55,00 Filing Certified C (additional		لبيب	Certified	e of Status &	sed)

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

FILED

12 JUL -6 PM 4: 12

Tools Vinc 1	١. ٥	\$E/	TODIADV OF STATE		
Name of the Limited Liability (A Florida Li	Company as it now app	ears on our records.	CAHASSEE, FLORIDA		
. (A rionda Li	mited Liability Company				
The Articles of Organization for this Limited Liability Co	mpany were filed on _	11/29/2004	and assigned		
Florida document number <u>L0400088038</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company h	<u>iere</u> :			
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Con	npany," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applicable:		······································			
(Principal office address MUST BE A STREET ADDRE	<u> </u>				
	*** · *** · *** · *** · *** · *** · *** · *** · *** · *** · *** · *** · *** · *** · *** · *** · *** · *** · **				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)			,		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		our records, <u>ente</u>	r the name of the new		
Name of New Registered Agent:					
New Registered Office Address:			<u> </u>		
<del></del>	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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title** Name 1 <u>Address</u> **Type of Action** MGRM. 4301 Ocean ROACH RIVD COCOA BEACH, FL 32971 MARK PHELPS ☐ Add Remove Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Josepus Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00