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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mission Trace Development, 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:
Mallory Coayle Holm, Esq.
SLL Management Services, LLC (Firm/Company)
4315 Pablo Daks Court, Suite 1
Jacksonville FL 32224 (City/State and Zip Code)
For further information concerning this matter, please call: For further information concerning this matter, please call:
Mallory Coayle Holm at (904) 482 - 1144 (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$60.00 Filing Fee, \$\text{Certified Eof Status & Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee, \$\text{Certificate of Status & Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee, \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee, \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee, \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee, \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee, \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee, \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee, \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee, \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee, \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee, \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee, \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee, \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee, \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee, \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee, \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee, \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee, \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee, \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee, \$\text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee, \$\text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee, \$\text{(additional copy is enclosed)}\$\$ \$10.0

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

	y Company as it now appears on our records.)
(A Florida	Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on <u>January 7, 2005</u> and assigned
Florida document number <u>L050000 242</u>	
This amendment is submitted to amend the following:	ASSEE.
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company," the designation "LLC" or the abbreviation
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the new</u> <u>lress here</u> :
Name of New Registered Agent:	Lo Management Services, UC
New Registered Office Address: 43:	(Enter Florida street address)
	(City), Florida 32224 (Zip Code)
New Registered Agent's Signature, if changing Registere	ed Agent:
the provisions of all statutes relative to the proper a accept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with and agent as provided for in Chapter 608, F.S. Or, if this document is ed office address, I hereby confirm that the limited liability SLLO Manasa ment Scruces. LLC By: (If Changing Registered Agent, Signature of New Registered Agent) Lohn Vice Vice dent

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 Title Name Address Add Remove Add Remove \Box Add Remove Remove]Add_⊃ Remove ÷. 80 Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Management is hereby Amended Managers SL6 Management 2008/ member or authorized representative of a member Signature President Kun Kel
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00