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OIVISION OF CORPORATION

OF MAR -2 PH 12: 27

T. HAMPTON MAR - 3 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation					
SUBJECT:	LISA (Name of Limi	Lanning LLC ted Liability Company	<u> </u>		
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.			
Please return all correspond	lence concerning this matter	to the following:	•		
	L'isa	Name of Person)	nfroe		
		(Firm/Company)			
	1264	Soundaide (Address)	Dr.		
	<u>Oulf</u>	Breeze KL (City/State and Zip Code)	<u>5256</u> 3		
For further information concerning this matter, please call:					
Lisa La (Name of I	erson) Pentr	e at (850) 426-41 (Area Code & Daytime To	446 elephone Number)		
Enclosed is a check for the	following amount:				
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	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**

Lisa Lanning 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 $40.27,2005$ and assigned Florida document number 4050004165.8	SECRET
This amendment is submitted to amend the following:	ARY OF STATE OF CORPORATIONS
A. If amending name, enter the new name of the limited liability company here: Cisa Lanning - Renfoe LLC The new name must be distinguishable and end with the words "Elmited Liability Company," the designation "LLC" or the abbrevi	
"L.L.C."	iatioi
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Quif Breeze FL 325	63
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Gulf Breeze FL 3256	- - 23-
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	new
Name of New Registered Agent: Lisa Lanning Rentroe	
New Registered Office Address: 4abi Soundards Dr. (Enter Florida street address)	 -
(Enter Florida street address) Conference Florida 32563 (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)

Page 1 of 2

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> Name <u>Address</u> Type of Action Remove □ Add Remove 🗂 Add Remove ☐ Add Remove _ Add Remove DbA 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2-28-2009 Dated Signature of a member or authorized representative of a member $\lambda N \lambda C$ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00