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## **COVER LETTER**

SUBJECT: 15 Co	Capibal M Name of Limit	ana pront Soull	- Florida, LLC
	Amendment and fee(s) are sub	·	13 13
	•	VO el Name of Person	
		Firm/Company	
		Audress	Road Ste SOO
	VOJel E-mail address: (to	City/State and Zip Code  Dby Cup. Com  o be used for future annual report notification	ion)
For further information c	oncerning this matter, please ca	all:	
S Lacey Name o	VO C	at (95) 762-22 Area Code & Daytime Te	283 elephone Number
Enclosed is a check for the	ne 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

TO:

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

The Articles of Organization for this Limited Liability Company were filed on \_ Florida document number 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: Enter Florida street address City

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 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>	Address	Type of Action
MGR	Owen Dure	1250 S. Pine Island Ro	ad Add
		Suite 500, flastation, fiss	24 Remove
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If ame	nding any other information, enter change(s) here: (Attach additional sheets, if nece	essary.)
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ed	May 6 , 2013.	
	Signature of a member or authorized representative of a member	
	Stacey Ucjel	
	Typed or printed name of signee  Page 3 of 3	
	Filing Fee: \$25.00	<b>.</b>
	Thing rec. 925.00	13 HAY
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