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| PICK-UP | WAIT | MAIL | | |
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| Certified Copies | Certificates | s of Status | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE STATE OF CORPORATIONS

J. BRYAN

JAN 13 2009

EXAMINER

COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|--|---|--|
| SUBJECT: | ESTA DRACH | Azolty LL C ited Liability Company) | |
| , | (Name of Lim | ited Liability Company) | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspondent | ondence concerning this matter | to the following: | |
| | STEVEN | 1 WHITM ORR | |
| | <u></u> | (Name of Person) | 0 200 |
| | | | SION ISION |
| | | (Firm/Company) | Z OFF |
| - | .268 Is | (Address) | SECRETARY OF STATEMS SECRETARY OF CORPORATIONS O9 JAN 12 PM 3-25 |
| | | (Address) | 3 |
| | SANDIOTA | FL 34242 (City/State and Zip Code) | OKS OKS |
| | | (City/State and Zip Code) | |
| For further information of | concerning this matter, please c | all: | |
| STRUEN W. (Name | Homan | at (54/) 957-57 | : L |
| (Name | of Person) | at (94/) 947-57 2 (Area Code & Daytime T | elephone Number) |
| Enclosed is a check for t | he following amount: | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy | □\$60.00 Filing Fee, Certificate of Status & |
| | | (additional copy is enclosed) | Certified Copy (additional copy is enclosed) |
| МАП | ING ADDRESS: | STREET/COURIER | ADDDF99. |
| Registration Section | | Registration Section | |
| | on of Corporations ox 6327 | Division of Corporation Clifton Building | ons |

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 5,00 L | nala Da | 11 110 | | 2 84 3: 63 |
|--|---------------------------|-----------------------------------|----------------------|------------------------|
| Sies a Ro (Name of the Limited) | Liability Company | as it now appears or | our records.) | — * |
| (A) | Florida Limited Lia | bility Company) | | |
| The Articles of Organization for this Limited Lia | ability Company w | rere filed on <u>OO</u> | 106/2005 | |
| Florida document number <u>L05000.5</u> 4 | | , | , | |
| | | | | |
| This amendment is submitted to amend the follo | wing: | | | |
| A. If amending name, enter the new name of | the limited liabili | ty company here: | | |
| | | | | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limite | d Liability Company, | 'the designation "Ll | C" or the abbreviation |
| Enter new principal offices address, if applica | ble: | | | |
| (Principal office address MUST BE A STREET | (ADDRESS) | | | |
| | • | | • | |
| Th. 4 | | 268 P | CLAND C | · · · · · · · · |
| Enter new mailing address, if applicable: | 2010 | 268 I | Se Fi 1 | 14242 |
| (Mailing address MAY BE A POST OFFICE I | (OX) | JANASO | TA PL 3 | 1070 |
| | | | | |
| B. If amending the registered agent and/o | | | records, enter th | e name of the new |
| registered agent and/or the new registered off | <u>ice address here</u> : | | | |
| Name of New Registered Agent: | | | | |
| Nove Projectored Office Address | 268 | TURNO | CINEUR | - |
| New Registered Office Address: | | (Enter | Florida street add | ress) |
| | SONAS | TSLAND (Enter TV4 (City) | , Florida | 9242 |
| | | (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 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

| MIGRM = N | lanaging Member | | |
|-------------|--|--|--|
| Title | <u>Name</u> | Address | Type of Action |
| MGRM | BUYER KENNETH WHITMONE | 331 DUENION DE PANADISIO SANASOTIO FL 34242 | Add Remove |
| MEAM | MANY AND WHITMON | 331 BURNION DE PONDOISID SANDSOTO FL 34242 | Add Remove |
| Mbam | MHITMONA | 331 AVENIDA DA PANBOISI D SARASOTA EL 34242 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| <u></u> | | | Add Remove |
| D. If amend | ling any other information, enter change | e(s) here: (Attach additional sheets, if necessary.) | |
| | | | SECRETARY OF STATE SECRETARY OF CORPORATIONS 09 JAN 12 PH 3: 25 |
| Dated | 1-01-09 | • | • |
| | | | |
| | Signature of a member | or authorized representative of a member | |
| | Typed | or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00