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SECRETARY OF STATE STATE OF CORPORATIONS OF CORPORATIONS

J. BRYAN

MAR 2 6 2008

**EXAMINER** 

## COVER LETTER

Division of Corporations	
SUBJECT: Pluggrand World of Sath Forda LCC (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:	
Alison Kacurov (Name of Person)	
Clo Capital Francial Media: (Firm/Company)	
102 15 1140 (1	8 King .
103 NE 21th St (Address)	· · · · · · · · · · · · · · · · · · ·
Delray Beach, Fr 33444 (City/State and Zip Code)	OB MAR 25 PR
For further information concerning this matter, please call:	PH 2: 53
(Name of Person) at (Sb1) 2720460 X107  (Area Code & Daytime Telephone Number)	
(Name of telesis)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$ Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is	

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



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."

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:

Chris Corcovan

New Registered Office Address:

5769 Old Lucome Park Rd

(Enter Florida street address)

Winter Haven

, Florida <u>うさなめし</u>

ty)

(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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Brian Sodi	Delray Beach, FL 33444	Add Remove
<del></del>			Add Remove
			Add Remove
	-		Add Remove
			Add Remove
			Add Remove
D. If am	Percentage of B	er change(s) here: (Attach additional sheets, if necessary man Sodi's ownership (40%) MGR Christopher Corcoran.	
Dated <u>\range</u>	larch 18 Signature of	, 2008.  2.  a member or authorized representative of a member	<b>&amp;</b>
	<u>Brian</u>	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00