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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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G. MCLEOD

JUL 21 2008

EXAMINER



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07/18/08--01014--016 **30.00

COVER LETTER

TO: Registration Sec Division of Corp	tion ' ' '	•			
	N MONSIEIZ				
The enclosed Articles of A	,				
Please return all correspon					
	JONATHAN	(Name of Person)			
	1	/ (Name of Person)			
	LENT WON	STEIZ LLC			
		(Firm/Company)			
	STON NW	1619 STREET (Address)			
		(Address)			
COM2 SOOMS D 2307/					
(City/State and Zip Code)					
For further information co	ncerning this matter, please ca	all:			
JONATHAN 7	Herry	at (954) 825-774 (Area Code & Daytime T	Z		
- (Maine of	Felson)	(Area Code & Daytime 1	eiepnone Number)		
Enclosed is a check for the	e 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
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 JUL 18 PM 4: 15

LENT MON	STER LLC	
	Liability Company as it now appe Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Lia	bility Company were filed on	6/27/2005 and assigned
Florida document number <u> </u>	232	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company h	<u>ere</u> :
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	TADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B		
B. If amending the registered agent and/o registered agent and/or the new registered off		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		Enter Florida street address)
		, Florida
	(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, 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> **Address Type of Action** <u>Name</u> MGRM LASON RENKUFF Remove **™** Add Remove Remove Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ignature of a member or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00