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B. KOHR
JUN 2 6 2009

**EXAMINER** 

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SECRETARY OF STATE
ANTI AHASSEE, FLORIDA

## **COVER LETTER**

Division of Co			
SUBJECT: Riv	etautesty to Name of Lim	Exellube Aed Liability Company	convidatels, LC
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	7 U
	ARE 44	Name of Person	ALANS MIG. 15
		Firm/Company	
	7215 An	ghewood La	
	TALLAHASSE	E	
	Email andress: (1	o be used for future annual report notifical	tion)
For further information	concerning this matter, please c	all:	
		at ()	
Name	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for	the 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

**OF** (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number 0.50 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:

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 A

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 Ti tle <u>Name</u> **Address** Type of Action Alyson B. Collins Remove Mgsy ANHUR C. GAY Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2
Filing Fee: \$25.00