L05000072447

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SECRETARY OF STATE
OF VISION OF CORPORATIONS
ON IN __7 AM Q: 57

B. TOSTOCKE JUL 0 9 ZWA

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:		aDoN LLC ed Liability Company)		
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.		
Please return all correspond	ence concerning this matter to	o the following:		
	Chn	Stian D. Perry (Name of Person)		
	Chr	S-Lyndon LLS (Firm/Company)	٠	
	130 Perry Av	/ESE SuiteE	<u>, </u>	
	Fort WAL	TON BEACH, F (City/State and Zip Code)	L 32548	
For further information con-	cerning this matter, please cal	11:		
Christian (Name of F	D. Perry Person)	at (850) 274-4 (Area Code & Daytime To	875 elephone Number)	
Enclosed is a check for the subsection \$25.00 Filing Fee	following amount: \$\square\$\$30.00 Filing Fee & Certificate of Status	S55.00 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

ARTIC	LES OF O	RGANIZATION		
	OI	र	08	
Char		1 1		
(Name of the Limited L	> - LUM	doll LLC	Transfer of the second	
(A F	lorida Limited Li	y as it now appears on our records.) lability Company)	OR REC	
			≖ 9,5	
The Articles of Organization for this Limited Liab	oility Company	were filed on 07/22/2005	and assigned	
Florida document number <u>L05000073</u>	பய்சி ்	1 1	- 57°5	
Florida document number	<u> </u>		(A	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the	<u>he limited liabi</u>	lity company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," the designation "LL	.C" or the abbreviation	
Enter new principal offices address, if applicab	ole:	130 PERRY AVE SE SUITED WALTON BEACH	łeE	
(Principal office address MUST BE A STREET	ADDRESS)	FORT WALTON BEACH	t. FL 32548	
		•	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		<u>Same as also</u>	rie	
(Mailing address MAY BE A POST OFFICE BO	ov)			
induing data ess MAT DE AT OST OFFICE BO	<u> </u>			
				
B. If amending the registered agent and/or	registered off	fice address on our records, enter the	e name of the new	
registered agent and/or the new registered office	<u>ce address here</u>	2:		
			1 5 1	
Name of New Registered Agent:	Chair	stian D Perry	(DF)	
Name of New Registered Agent.		STIGHT DITENTS		
New Registered Office Address:	Address: 130 Perry Avenue SE SwitcE PT Whiteh			
	(Enter Florida street address)			
Fort Walton Beach, Florida 32547				
	TUIT W	(City)	(Zin Code)	
		(Cuy)	(Zip Code)	
New Registered Agent's Signature, if changing Re	gistered 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 andress, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

. MGR = Manager

MGRM = Managing Member **Title Type of Action** Name <u>Address</u> LYNDON D CLIFTON MIS White point ROAD Nixeville FL 32578 Add 🛅 Remove ☐ Add Remove ☐ Add Remove ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 30th, 2008 Signature of a member or authorized representative of a member hristan D Perry Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00