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M. THOMAS

SEP 1 1 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations  SUBJECT: (Name of Limited Liability Company)		C
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
(Name of Person)  (Name of Person)  (Firm/Company)  (Firm/Company)  (Address)  (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person)  at (28to 275.09 Sto)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:	08 SEP 10 AM	FLED
\$25.00 Filing Fee \( \text{Certificate of Status} \) \( \text{Certified Copy} \) \( \text{(additional copy is enclosed)} \) \( \text{Certified Copy} \) \( \text{Certified Copy} \)	AM 10: 54	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ed Liability Company as It now appears on our records. (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_ Florida document number O47 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: (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. On if this document is

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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.

Page 1 of 2 - Not sure it needed

(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:

MGR = Ma MGRM = N	nager Managing Member		
Title	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			<b>=</b> ,
			Add Remove
			CC SEP
<del></del>			A Add C
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if nece	ssary.)
_			
Dated	A Signature of a member	or or authorized representative of a member	
	Hudren L	O Got TV G	

Page 2 of 2

Filing Fee: \$25.00