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SECRETARY OF STATE ALLAHASSEE, FLORIDA

J. BRYAN

JUL 20 2009

EXAMINER

COVER LETTER

TO:	Registra
χO.	ILERIOU A

Registration Section
Division of Corporations

SUBJECT: Southound Enterprises LC (Name of Limited Liability Company)

The enclosed Articles of Amondment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kornel A Lauria			
(Name of Person)			
(Firm/Company)			
3358 Hamlet Loop			
(Address)			
Winter Pack, FL 32792			
(City/State and Zip Code)			

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SECRETARSEE, FLORIDI

For further information concerning this matter, please call:

tachael auria

at (407) 803 3283

(Area Code & Daytime Telephone 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

	O.			5°% 0
Snouth au Name of the Limit	ted Liability Compan (A Florida Limited Li	V as it now appears (ability Company)	on our records.)	OF STATE
The Articles of Organization for this Limited	Liability Company	were filed on 912	1812005	and assigned
Florida document number LOSOO	V95124			
Florida document number District	A. J. I. C. IEE.			
This amendment is submitted to amend the f	ollowing:			
A. If amending name, enter the new name	e of the limited liabi	lity company here:		
The new name must be distinguishable and end "L.L.C."	with the words "Limit	ed Liability Company	," the designation "L	LC" or the abbreviation
Enter new principal offices address, if app	licable:			
(Principal office address MUST BE A STR	EET ADDRESS)			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFIC	<u>E BOX)</u>			
•			<u> </u>	
B. If amending the registered agent as	nd/or registered off	Sco address on ou	r manande anter ti	he name of the new
B. If amending the registered agent an registered agent and/or the new registered			1 1600103, <u>enter 1</u>	te name of the new
	\bigcirc			
Name of New Registered Agent:	1 Hachael	LA Lauria		
New Registered Office Address:	2258 H	amlet Loog	7	
New Registered Office Address			er Florida street ada	lress)
	IDINA	Park	, Florida	2492
•	<u> </u>	(City)	7 8 80 8 8	(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)

MGR = Manager

MGRM = Managing Member

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:

Title.	<u>Name</u>	Address	Type of Action
MGR	Hirnael Edwa	ids 3358 Harlet Loop Winkertack FL	Add Remove
			Add Remove
			Add Remove
D. If am	ending any other information, er	nter change(s) here: (Attach additional sheets, if	necessary.)
			09 JUL 17 PH SECRETARY OF TALLAHASSES.
Dated_	July H	. 2009 .	FLOR
	Thomas A	of a member or authorized representative of a member ANCIA Typed or printed name of signee	⊡mi ω ≽

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Filing Fee: \$25.00