L05000095390

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T. HAMPTON AUG - 5 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Consortium of Capital Investors LLC
(Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kevin G. Carter (Name of Person)
Consortum of Capital Investors LLC (Firm/Company)
1824 Sparrow Song Lane (Address)
Ococe, FL 3476/ (City/State and Zip Code)
For further information concerning this matter, please call:
Keyin G. Cav fw at (407) 509-6878 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \$\text{Certified Copy (additional copy is enclosed)} \$Certified Copy (addition

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 The Articles of Organization for this Limited Liability Company were filed on 9/28/05 and assigned Florida document number L05000095390 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 trust 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. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

(If Changing Registered Agent, Signature of New Registered Agent)

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 **Type of Action** Title <u>Name</u> <u>Address</u> Managing Member Kevin G. Carter 🗂 Add Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00