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D. BRUCE

MAY 20 2010

EXAMINER

COVER LETTER

Division of Co	orporations		
SUBJECT:	agheo, LLC		
SOBSECT:	agheo, LLC Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	oondence concerning this matter	r to the following:	
	Taber	Namelof Person LLC Firm/Company	
	1	Name of Person	
	100	heo, Ll	•
	_) Firm/Company	, \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	1004	Collier Center	Way Suite 206
		Address	•
	Naples	1 12 34110	
	taberi	City/State and Zip Code	
		to be used for future annual report notificat	ion)
For further information	concerning this matter, please of	call:	
Taber Tag	Viasacchi	at (239), 593-55	33 SAY 9 Face of the second se
	of Person	Area Code & Daytime T	elephone Number
•			
Enclosed is a check for	,		DA CO
\$25.00 Filing Fee	\$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)
Regis Divis P.O. I	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	Registration Section (Division of Corporation Guilding (2661 Executive Center CTallahassee, FL 3230	ons'

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tagheo,LLC		
	any as it now appears on our records	
(Name of the Limited Liability Comp. (A Florida Limited	Liability Company)	•
	111	
The Articles of Organization for this Limited Liability Company	y were filed on 11/14/2005	and assigned
Florida document number <u>L05000109868</u> .	1 '	
riorida document humber = = 3000 10 1000.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lin	nited Liability Company " the designati	on "LLC" or the abbreviation
"L.L.C."	mice success, company, and designati	
Enter new principal offices address, if applicable:		. <u>.</u>
(Principal office address MUST BE A STREET ADDRESS)		લ્યું
		三 点 3
		200 man
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		الما هد ال
Muning undress MAT BE AT OST OFFICE BOAT		77 77 11
•		高新 2
B. If amending the registered agent and/or registered o		ter the name of the new
registered agent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:		
Name of New Registered Agent.		•
New Registered Office Address:		
	Enter Florida stree	t address
	, Florid	
	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 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 Title Type of Action Address Name 1004 Collier Center Way Suite 200 1 Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ,2010 Signature of a member or authorized representative of a member Tober agliasacchi Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00