LD5DOC	7114564
(Requestor's Name) (Address)	
(Address) (City/State/Zip/Phone #)	300125001503
(Business Entity Name)	04/25/0801022006 **25.00
Certified Copies Certificates of Status Special Instructions to Filing Officer: L. SELLERS	
APR 2 8 2008 EXAMINER	2008 TALL
Office Use Only	FILED 2008 APR 25 PH 12: 35 SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	Too w	Holdings	IX, LLC	
		me of Limited Liability Con	mpany)	

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

Please return all correspondence concerning this matter to the following:



(City/State and Z

For further information concerning this matter, please call:

AVID Chessler (Name of Person)

at (<u>941</u>) **Blood** 544-5538 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

and the second second

\$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	
(Name of the Limited 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 $1/-30-05$ Florida document number $L05000114554$.	and assigned

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."

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:

—	(City)	(Zip Code)
		. Florida
	(Enter Flo	rida street address)
New_Registered Office Address:		
	•	
Name of New Registered Agent:		

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, Sig	nature of New Registered Ageng	
	APR	
	ARY 25	*
Page 1 of 2		1
	LORID	ţ

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If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

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MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	Type of Action
MRGM	HAROD Libby	1358 Fruitville RD Lun. + 210 SARASOTA, FI 34236	Add
			Add Remove
			Add Remove
<u> </u>			Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
		· · · · · · · · · · · · · · · · · · ·	
			20
Dated		or authorized representative of a member	TALLAHASSEE.
-	Typed o	Page 2 of 2	PMI2: 35

Filing Fee: \$25.00

The listed MRGM, Harold Libby, should have never been listed on this LLC at anytime this was an administrative mistake. Can we please have confirmation that he has been removed?

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2008 APR 25 PH 12: 35

ECRETARY OF STATE