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DIVISION OF CORPORATIONS

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EXAMINER

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"SECRETARY OF STATE PALLAHASSEE, FI ORING."

CORPORATE / ACCESS, /

AWhen you need ACCESS to the worlds

INC. 236 East 6th Avenue . Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666							
		(000) 222-2000 of (000) 909-1000 . Fax (050) 222-1000	_				
WALK IN							
PICK UP: 801 Emily							
		CERTIFIED COPY					
	X	РНОТОСОРУ					
		CUS					
	X	FILING Amend					
1.		N223 EA (CORPORATE NAME AND DOCUMENT #)					
2.		(CORPORATE NAME AND DOCUMENT #)					
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6.	-	CORPORATE NAME AND DOCUMENT #)	_				
SPECIAL INSTRUCTIONS:							
			_				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	N223EA, LLC		
(Name of the Limite	d Liability Company as it now appe	ears on our records.)	
(.	A Florida Limited Liability Company	')	200
		0.4/0.5/0.000	10 to 2
The Articles of Organization for this Limited I	iability Company were filed on	<u>04/25/2008</u>	and assigned
Florida document numberL0600000	<u>3966</u> ,		The state of the s
			San
This amendment is submitted to amend the fol	lowing:		642
A TFdi	.Fah. limia d li kilia.		160
A. If amending name, enter the new name of	of the finited hability company h	ere:	. 4 . 7 .
			F 11 12
The new name must be distinguishable and end w	th the words "Limited Liability Com	pany," the designation	"LLC" or the abbreviation
"L.L.C."			
Catalogue de la Companya de la Compa	Lia		
Enter new principal offices address, if appli-	_		
(Principal office address MUST BE A STREI	ET ADDRESS)		
	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
<u>-</u>			
			
D TO 11 14 14 14 14 14 14 14 14 14 14 14 14			- 41 6 41
B. If amending the registered agent and		our records, enter	the name of the nev
registered agent and/or the new registered o	ince address here:		
Name of New Registered Agent:	1		
New Registered Office Address:			
	E E	nter Florida street a	ddress
		Florida	
	City	, Florida _	Zip Code
	•		
New Registered Agent's Signature, if changing I	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

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	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	PHIPPS, JEFFREY S	500 ORCHARD POND RD TALLAHASSEE FL 32312	Add Remove
<u>MGRM</u>	Windstorm Investments, LLC	PO Box 2442 Tallahassee FL 32316	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
			
			
Dated	· · · · · · · · · · · · · · · · · · ·	<u> 109</u> .	
	Signature of a member	or authorized representative of a member	
	W	Vilson Carraway	
		or printed name of signee	

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Filing Fee: \$25.00