## 100000017905

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| Walkelow                                |

Office Use Only



100250512351

08/16/13--01001--007 \*\*25.00

SUFFICIENCY OF FILING

H 1: 36 2013 AUG 15 AM 8: 52

J. SAULSBERRY EXAMINER ÁUG 16 2013

## Advanced Incorporating Service, Inc.

1317 California Street P.O. Box 20396 Tallahassee, Fl. 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: orders@aisincfl.com Website: www.aisincfl.com

| <b>281</b>   |
|--|
| Rock Springs Estates, UC                             |
| AM 8: 52   |
| FOR OFFICE USE ONLY                                  |
| PICK ONE: CERTIFIED COPYPHOTOCOPYC.U.S.              |
|  |
| FILING:  |
| CORPORATIONLLCLIMITED PARTNERSHIPGENERAL PARTNERSHIP |
| FICTITIOUS NAMESERVICEMARK/TRADEMARKAMENDMENT        |
| FOREIGN QUALIFICATIONJUDGMENT LIEN                   |
| OTHER  |
| RETRIEVAL:   |
| KEIKILVAL.   |
| GOOD STANDING CERT/C.U.SCERTIFIED COPYPHOTOCOPY      |
| Of   |
| APOSTILLE/CERTIFICATION REQUEST:                     |
| Country  |
| Amount of Documents                                  |
| DATE   |
| Notes:   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Co<br>(A Florida Limi  | mpany as it now appears on our records.) ited Liability Company) | <del></del>                    |  |
|---|--|--------------------------------|--|
| The Articles of Organization for this Limited Liability Complete Florida document number L06000017905           | pany were filed on February 17, 2006                             | and assigned                   |  |
| This antendment is submitted to amend the following:  |  | *{                             |  |
| A. If a newding name, enter the new name of the limited   | liability company here:  |                                |  |
| The new name must be distinguishable and end with the words "L.L.C."  | "Limited Liability Company," the designation "Li                 |                                |  |
| Enter new principal offices address, if applicable:   |  | <b>2013</b>                    |  |
| (Principal office address MUST BE A STREET ADDRES   | <u> </u>   |                                |  |
|   |  |                                |  |
| Enter new mailing address, if applicable:   |  | An .                           |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | <u> </u>                       |  |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | d office address on our records, <u>enter the</u>                | e name of the new              |  |
| Name of New Registered Agent:   |  |                                |  |
| New Registered Office Address:  | ·  |                                |  |
|   | (Enter Florida street addr                                       | (Enter Florida street address) |  |
| ·   | , Florida  |                                |  |
|   | (Citv)   | (Zip Code)                     |  |

New Resistered Agent's Signature, if changing Resistered 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 amounting the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managers or Managers or managers or managers or managers of each Managers or manag

MGR = Manager MGRM = Managing Member

| Title          | Name                               | <u>Address</u>   | Type of Action            |
|----------------|------------------------------------|--|---------------------------|
| MGR _          | WARREN E WILLIAMS                  | 800 Highland Ave. Sulte 200<br>Orlando FL 32803          | _m(7) Add<br>_m(7) Remove |
|                |                                    |  | Add<br>Remove             |
|                |                                    |  | Add Resnove               |
| <del></del>    | ·                                  |  | Addi<br>Remove            |
| <del></del>    |                                    |  | Add Remove                |
|                |                                    |  | Add Remove                |
| D. If septendi | ng any other information, enter ch | ange(s) here: (Attach additional sheets, if necessary.)  | 2013 AUG 15               |
|                |                                    |  | AM 8: 52                  |
| Dated Aligust  | 100                                | 13  OU  C  nber or authorized representative of a member | <del>,,,,,,</del>         |
| _              | UDO GARBE                          |  |                           |
| _              |                                    | ped or printed name of signee                            |                           |

Page 2 of 2

Filing Fee: \$25.00