L06000023580

Office Use Only



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FILED

NOTICE OF STATE OF STAT

T. HAMPTON

JUN 1 0 2008

EXAMINER

COVER LETTER

TO: .	Registration Sect Division of Corpo			N2
SUBJE	сст: <u>Б</u> Су	CO TEMY LL (Name of Limi	cted Liability Company)	
The en	closed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspond	lence concerning this matter	to the following:	
		MARSHA	9 DAWE (Name of Person)	
		P.6. Box	(Firm/Company) GOT (Address)	
		FAIRFIEC	(Address) J_FL 32634 (City/State and Zip Code)	·/
For fur	ther information con	cerning this matter, please ca		
W	Moha (Name of I	Person)	at (352-50) (Area Code & Daytime	91-5099 Felephone Number)
Enclose	ed is a check for the	following amount:		
\$25	.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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 and assigned Florida document number 4060000 23580 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." Enter new principal offices address, if applicable: 13040 NW 80714 AVR Reddick FL. 32686 (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:

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, Stenature 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

ANOMAL = Managing Intemper						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGRM	WAYNE Bomber	P.O. BOX 775 FAIRFIELD, FC. 32634	Add Remove			
			Add Remove			
			Add Remove			
 			Add Remove			
			Add Remove			
			Add Remove			
		s) here: (Attach additional sheets, if necessary.)				
_ <i>U</i>)AYNE bomber is	RESIGNING AS A M C. MARSHA DAWE I OF "GLYCOTEAM LLC"	1ANRGING			
M	ember of THE LLO	C. MARSHA DAWE !	S NOW			
	He sole owner	OF GLYCOTCAM LLC"				
****		Wazne Bomber ?	80 80			
Dated	5/30 , Zoo	8				
	Signature of a meniber of	authorized representative of a member	-9 PH			
_	MARSHA I. DAG	authorized representative of a member	ည်း သူ			
		printed name of signee Page 2 of 2	_			

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Filing Fee: \$25.00