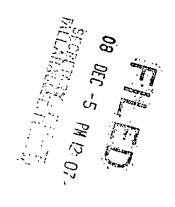
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name) (Document Number)
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S. HAWKES
DEC 0 8 2008
EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Ni2s Humberg Ender prises, LLC (Name of Limited Liability Company)
(Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ali) a lleum haum
Nils Humberg (Nagle of Person)
5
Nils Humberg Enter prises, LLC
(Right/Company)
845 Waterway P) # 133
845 Waterway P2, # 133
Longwood, FL 32750
(City/State and Zip Code)
For further information concerning this matter, please call:
To further information concerning this matter, please can.
Theo Humbery at (407) 574-7208
Theo Humbery at (407) 574-7208 (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301
Enclosed is a check for the following amount:
▼ \$25 Filing Fee

TO: Registration Section

` ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nils Humberg En	der prises,	1-1-C
Nils Humberg En (Name of the Limited Liability Compa (A Florida Limited)	nny as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 060000 26405</u> .	y were filed on _03-1	2-2006 and assigned of the contract of the con
This amendment is submitted to amend the following:		75.0
A. If amending name, enter the new name of the limited liab	bility company here:	Asset Section
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," tl	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	845 Water	TL 32 750
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	845 Water Longwood	way PL, # 133 1, FL 32750
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here	ffice address on our re	
Name of New Registered Agent:		
New Registered Office Address:	(F)	1 1 1
	(Enter F	lorida street address)
	(City)	, Florida(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 Changing Registered Agent, Signature of New Registered Agent)

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

<u>tle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Add.
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			2
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ated <u>L</u>	December 12th	<u> 2008 </u>	
	IN them live	Buch	
	Signature of a Hit	squei of authorized representative of a membe	r
		NILS HUMBERG Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00