Division of Corporations
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Electronic Filing Menu

Corporate Filing Menu

THAMPTON



SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11 JUL 13 AM 8: 15

| GONZAC | | | |
|---|--|---------------------------------------|-------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appear lability Company) | rs on our records.) | |
| The Articles of Organization for this Limited Liability Company | were filed on | 04/05/06 | and assigned |
| Florida document number <u>L06000035508</u> | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company her | L ; | |
| The new name must be distinguishable and end with the words "Limi"L.L.C." | zed Liability Compa | my," the designation "L | LC" or the abbreviation |
| Euter new principal offices address, if applicable: | 1143 SW AD | DIE STREET | |
| (Principal office address MUST BE A STREET ADDRESS) | PORT ST. LUCIE, FL 34983 | | |
| | | | |
| Enter new mailing address, if applicable: | 1143 SW ADI | DIE STREET | |
| (Mailing address MAY BE A POST OF FICE BOX) | PORT ST. LUCIE, FL 34983 | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | Tice address on c | our records, <u>enter t</u> | he name of the new |
| | ~ | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | En | ter Florida street add | rest |
| | 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, 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 MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|---------------|------------------------------------|--|-------------------------------|
| MGR | Nestor Giovanni Casta | nfieda 1001 SW Sun Circle Palm City, Fl 34990 | Add Remove |
| h | - | | Add Remove |
| | | | Add Remova |
| | <u></u> | | Add Remove |
| | | | Add |
| | | | Add Remove |
| D. If am | sending any other information, ent | ter change(s) here: (Attach additional sheets, if necess | |
| | | | SECRETARY OF SECRETARY OF COR |
| Dated | 07-11-11 Self | John John John John John John John John | CORPORATIONS 3 AM 8: 15 |
| | Signature of | a member or authorized representative of a member BETTY GONZALEZ | |
| | H-44 | Typed or printed name of signee | |

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