

206000038/38

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(Business Entity Name)

(Document Number)

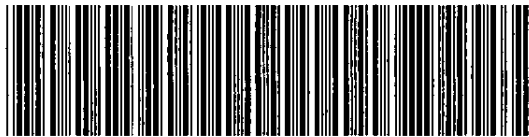
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Special Instructions to Filing Officer:

A. LUNT

AUG - 3 2009

EXAMINER



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07/31/09--01022--022 **30.00

2009 JUL 31 PM 2:18
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VILLAGE 24-7 KART AIDE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH BALTZELL

Name of Person

VILLAGE 24-7 KART AIDE

Firm/Company

2103 BROYHILL AVE.

Address

THE VILLAGES, FL. 32162

City/State and Zip Code

CALL DUFFY5@AOL.COM

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

JOSEPH BALTZELL

Name of Person

at (352-430-7139)

Area Code & Daytime Telephone Number

Enclosed 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)

\$60.00 Filing Fee,
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

VILLAGE 24-7 KART AIDE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on APRIL 7, 2009 and assigned
Florida document number LO6000038138

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NO CHANGE

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:

(Principal office address MUST BE A STREET ADDRESS)

1038 ALOHA WAY
LADY LAKE FL 32159

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME 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:

SEAN DUFFY

New Registered Office Address:

1038 ALOHA WAY

Enter Florida street address

LADY LAKE, Florida 32159
City 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.

Sean Duffy

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR.	JOSEPH E. BALTZELL	2103 BROYHILL AVE THE VILLAGES FL. 32162	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR.	PAUL VILLAREAL	234 UPPER FERRY RD WEST TRENTON, NJ. 08628	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
REGISTERED AGENT MGR.	SEAN DUFFY	1038 ALOHA WAY LADY LAKE FL. 32159	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2009 JUL 31 PM 2:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

Dated 7-30, 2009

Joseph E. Baltzell Mgr.
 Signature of a member or authorized representative of a member
JOSEPH E. BALTZELL
 Typed or printed name of signee