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07/07/08--01010--010 **\*\*25.0**0

OLVISION OF CORPORATIONS

B. TRADES JUL 08 2008

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT:				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
<u>Acthy Willaams</u> (Name of Person) <u>OGS</u> Fasm, LLC (Firm/Company) <u>9110</u> Guesnscy St (Address) <u>OF lants</u> Fa 32804 (City/State and Zip Code)				
For further information concerning this matter, please call:				

Frames at ( (Area Code & Daytime Telephone Number) Person)

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				
(Name of the Limited Liability Compan (A Florida Limited Li	M LLC & VIVISION v as it how appears on our records.)			
The Articles of Organization for this Limited Liability Company	were filed on $58206$ and assigned $3$			
Florida document number $L060004.7427$				
	ST ONS			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	11n			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX</u> )				
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here				
Name of New Registered Agent:	NIA			
New Registered Office Address:				
	(Enter Florida street address)			
	, Florida			
New Registered Agent's Signature, if changing Registered Agent:	(City) (Zip Code)			
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	lete performance of my duties, and I am familiar with and provided for in Chapter 608, F.S. Or, if this document is			

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action			
MGRM	Jawell Jones	103 (05ta Mesa The Willego, FL 32159	Add Remove			
			Add Remove			
	<u>-w</u>		Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If amendin	ng any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)				
			_			
 Dated	July 7, 200	<u>08</u> .				
-	Signature of a member of	r printed name of signee				
	Page 2 of 2					

Filing Fee: \$25.00