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B. KOHR

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EXAMINER

COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	Name of Limi	Truestmants, LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	· · · · · · · · · · · · · · · · · · ·
Please return all correspo	ondence concerning this matter	to the following:	
		Marc Deppe	
		Name of Porson	
		Firm/Company	
	1159 Bar	ron wood Ad Address	
	•	Address	
	000	oee, FL 34761	
	E-mail address: (i	City/State and Zip Code C. Jeff Pe @ g mark co to be used for future annual report notifical	on lion)
For further information of	concerning this matter, please ca		
M	Deppe	י ארא איי	111
Name o	of Person	at (<u>407)</u> 86 4-22 Area Code & Daytime T	elephone Number
Enclosed is a check for the	he 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



(Name of the Limited Liability Compa	nuestments, LLC	rds.)
(A Florida Limited L	iability Company)	(43.)
The Articles of Organization for this Limited Liability Company	were filed on	26 and assigned
Florida document number <u>LO6000 476 44</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limit" L.L.C."	ted Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	_1159 Barrenwon	RJ
Principal office address MUST BE A STREET ADDRESS)	1159 Borronwow	4761
Enter new mailing address, if applicable:	1159 Battonwood	Ad
Mailing address MAY BE A POST OFFICE BOX)	Ococe, FL 347	76/
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	ant address
	, Flor	ida 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			— Add
			Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
_			<u> </u>
			
 Dated	7		_
Daica			
-		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00