## L06000048927

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SECRETARY OF STATES (ALE AHASSEE: FEORID)

C. LEWIS
FEB 1 4 2011
EXAMINER

## **COVER LETTER**

FO:	Registration Sec Division of Corp					
SUВЛ	ECT:					
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspon	ndence concerning this matter	to the following:			
<del></del>			Raul M. Saenz, CPA			
			Name of Person			
		Saenz	z & Associates CPA's	PA		
Firm/Company						
8180 NW 36th Street Suite 100						
Address						
			Miami, Fl. 33166 City/State and Zip Code			
raul.saenz@cpasconsultants.com						
		E-mail address: (t	o be used for future annual report	t notification)		
For fur	ther information co	oncerning this matter, please ca	all:			
	R	aul Saenz	at (_305_)	796-9600		
Name of Person		Area Code & Daytime Telephone Number				
Enclos	ed is a check for th	e following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ax 6327 ssee, FL 32314	Registration Division of C Clifton Build	Corporations		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2011 FEB 14 PM & \$5

The Articles of Organization for	r this Limited Liability Compar	ny were filed on	05-11-2006	and assigned		
Florida document number	L06000048927					
This amendment is submitted to	amend the following:					
A. If amending name, <u>enter t</u>	ne new name of the limited li	ability company here	2:			
The new name must be distinguish "L.L.C."	nable and end with the words "Li	mited Liability Compar	ny," the designation "L	LC" or the abbreviation		
Enter new principal offices ad	dress, if applicable:					
(Principal office address MUS	T BE A STREET ADDRESS)					
Enter new mailing address, if	applicable:		_			
(Mailing address MAY BE A F						
		<del> </del>				
B. If amending the register registered agent and/or the ne			ur records, <u>enter tl</u>	ie name of the new		
Name of New Register	red Agent:					
New Registered Office	Address:					
		Enter Florida street address				
		Cin	, Florida	Zip Code		
		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.

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 Title Title **Name** <u>Address</u> **Type of Action Christopher Gehring** ☐ Add
☑ Remove 5475 Golden Gate Pkwy #5 Naples, Fl. 43116 ☐ Add ☐ Remove ☐ Add Remove Add Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 27 2011 Dated\_ Signature of a member or authorized representative of a member Donn J. Brown Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00