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SECRETARY OF STATE
ALLAHASSEF, FI DOINA

COVER LETTER

TO: Registration Se Division of Cer			• • • • • • • • • • • • • • • • • • • •
and the integrated and substitution of the subject	Ohava We	b Narketing	140
Sobsect.		nited Liability Company)	
	• • •		•
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
	Kense	The R. Pierre III	
	Ohana	(Name of Person) Web Market m	2 440
		Royal Saint Ge	earsech
	Orlando	FZ 3282 8 (City/State and Zip Code)	2009 M SECRE TALLAH
Ear further information of	oncerning this matter, please c	SECTION OF SECULORY	AY AY
Kerneth K	Person)	at (<u>407)</u> 383 - 6 (Area Code & Daytime T	SECRETARY OF STATE LLAHASSEE, FLORIDA
Enclosed is a check for th	e 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)
MAILI	NG ADDRESS:	STREET/COURIER	ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ability Company as it now appears of our orida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on <u>17 17a</u> 51074	and assigned
Γhis amendment is submitted to amend the follow	ing:	
	Services LLC	
The new name must be distinguishable and end with the L.L.C." 3. If amending the registered agent and/or		2009 SEC
 If amending the registered agent and/or registered agent and/or the new registered office 		-9 F
Name of New Registered Agent:		STATE STATE STATE
New Registered Office Address:	(Enter Flor	rida street address)
	, Florida	
_	(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:

. 11 4

MGR = Ma	nnager . Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
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		11-17-17-17-17-17-17-17-17-17-17-17-17-1	Remove
			Add
			Remove
D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if necessi	*
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	The state of the s	- 10- 10- 10- 10- 10- 10- 10- 10- 10- 10	Y - 9
	The state of the s		To D
			3: 55
Dated	Tay 6 , 2	<u>CD8.</u>	—— 01
	Zin Z	Dutt	
•	,	iber or authorized representative of a member	
	Kenne	ra K. Merce-III	

Page 2 of 2

Filing Fee: \$25.00