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(F	Requestor's Name)			
(<i>f</i>	Address)			
()	Address)			
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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SECRETARY OF STATE
ALLAHASSEE, FI SATE

A. LUNT
JUN 1 7 2009

EXAMINER

COVER LETTER

TO: Registration So Division of Cor	ection porations		
SUBJECT: Jo	ENELL LL Name of Limi	<u> </u>	
	Name of Limi	ted Liability Company	
			TAI SE
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	CRE
Please return all correspo	ondence concerning this matter	to the following:	TARY TARY
	JOSE 1	ESSO A	FF ST 9.
		Name of Person	
	TOENELL	LLL	
		Firm/Company	
	24 F.	Address LA	NE
	PACM	City/State and Zip Code ELC - CLC C HOS to be used for future annual report notifical	5 32/37
	TOEN	EIC-LICE HUT	MAIL. COM
	E-mail address: (to be used for future annual report notifical	tion)
For further information of	concerning this matter, please c	all:	
730	= DECCOA	20 627 8	Royr
Name o	of Person	at (<u>3 K) 627</u> 3 Area Code & Daytime T	elephone Number
Enclosed is a check for t	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

	260	
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on da Limited Liability Company)	our records.)
		, ,
The Articles of Organization for this Limited Liabilit		and assigned
Florida document number <u>L 06 0000 5</u>	48.42	•
This amendment is submitted to amend the following	3:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the	words "Limited Liability Company"	the designation "LLC" or the abbreviation
"L.L.C."	, company,	7009
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	ASA IS
		70 3 D
Enter new mailing address, if applicable:		9: 0
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	SW 6
B. If amending the registered agent and/or re		records, enter the name of the new
registered agent and/or the new registered office a	address here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida 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.

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Name Address** Type of Action MGR MAKIA NEIGOTA Remove ☐ Add ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00