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Office Use Only



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SECKLIANT OF STATE
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S. HAWKES

MAY 0 4 2010

EXAMINER

COVER LETTER

TO:

	ation Section of Corpor						
SUBJECT:		Challlenge					
		Name of Limi	ted Liability Company				
The enclosed Arti	icles of Am	endment and fee(s) are sub	omitted for filing.				
Please return all c	corresponde	ence concerning this matter	to the following:				
			Ralph W Schultheis Name of Person				
		Cha					
		•					
		3					
		317 Sweet Bay Circle Address					
	. ,	Jupiter, Florida, 33458					
		City/State and Zip Code					
		Spike. E-mail address: (t	tion)				
For further inform	nation conc	erning this matter, please o		, and the second			
	Ralph V	/ Schultheis	at (_561) 5	96-5163			
Name of Person			Area Code & Daytime 1	elephone Number			
Enclosed is a chec		-					
25)00 Filing	Fee [330.00 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 Registratio	G ADDRESS: n Section	STREET/COURIER Registration Section	R ADDRESS:			

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

Cha (<u>Name of the Limited L</u> (A F	alllenger No iability Compa Torida Limited I	etworks, LLC ny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Lial Florida document number		were filed on	07/07/2006	and assigned
This amendment is submitted to amend the follow A. If amending name, enter the new name of t	-	oility company here	. Æ	为 ior
	nallenger Ve		,	题专工
The new name must be distinguishable and end with "L.L.C."		•	y," the designation "[{	Co or the abtreviation
Enter new principal offices address, if applical	ole:	317 Sweet Ba	y Circle	To si
(Principal office address MUST BE A STREET	ADDRESS)	Jupiter, Florida	a, 33458	PAR N
Enter new mailing address, if applicable:		317 Sweet Bay	y Circle	
(Mailing address MAY BE A POST OFFICE B	Jupiter, Florida, 33458			
B. If amending the registered agent and/or registered agent and/or the new registered office			ır records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:	Ralph W Sc	hultheis		
New Registered Office Address:	r Florida street addr	ress		
		Jupiter,	, Florida	33458
		City		Zip Code
New Registered Agent's Signature, if changing Re	gistered 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 the Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, Thereby 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = N	MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action				
			Add Remove				
			Add Temover				
			Add Add				
			Femow 5				
			Remove				
			Add Remove				
	<u></u>		Add Remove				
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	ary.)				
Dated	April 29)10	 \-				
		r or authorized representative of a member					
	Ra	or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00