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EXAMINER



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03/30/09--01015--015 **25.00

09 MAR 30 PM 2: 51

SECRETARY OF STALL

ON MAR 30 PM 3: E1

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJEC	CT: Fly-N-Hi Enterprises LLC (Name of Limited Liability Company)
The encl	losed Articles of Amendment and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Richard A. Sampson (Name of Person)
·	Fly-N-Hi Enterprises LLC (Firm/Company)
	2131 SW Hayworth Avenue
	Port St. Lucie, FL 34953 (City/State and Zip Code)
For furth	ner information concerning this matter, please call:
	Richard A. Sampson at (772) 204-9990 (Area Code & Daytime Telephone Number)
Enclosed	d is a check for the following amount:
\$25.0	00 Filing Fee □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

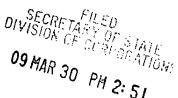
MAILING ADDRESS:

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



		· · · 5/
Name of the Limited Liability (A Florid	Hi Enterprises ity Company as it now appears of a Limited Liability Company)	LLC n our records.)
The Articles of Organization for this Limited Liability		
Florida document number <u>L0600083153</u>		<u> </u>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company,"	' the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	"""	
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad	stered office address on our dress here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter	Florida street address)
	(City)	, Florida(Zip Code)
	(3.7)	(23)

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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Debbie David	4339 SE Bayshore Terrace Stuart, FL 34997	Add Remove
			Add Remove
<u>-</u> .			Add Remove
D. If an	nending any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	
Dated	March 25, 8	2009	_
	Ropl	mber or authorized representative of a member	
		Chard A. Sampson	

Page 2 of 2

Filing Fee: \$25.00