L060000083928

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600110021226

10/01/07--01007--006 **25.00

AL

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Division of C				
SUBJECT:	FRISL (Name of Lin	TSROS, LLC mited Liability Company)		
	of Amendment and fee(s) are surpondence concerning this matte			
	JAMES A.	(Name of Person)		
	FRIEL BROS	(Firm/Company)	2001 OCT SECRET TAULAHA	71
	904 PATTER	RSON DR. (Address)	AR)	
	SARASOTA, F	City/State and Zip Code)	P 2: 08 OF STATE EE, FLORIDA	D
For further information	n concerning this matter, please	call:		
JAHES (Nam	FRIZL e of Person)	at (941) 359-13 (Area Code & Daytim	ne Telephone Number)	
Enclosed is a check for th	ne following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	i)

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

	1-16155 DKO2" FFC					
	(Present Name) (A Florida Limited Liability Compa	any)				
FIRST:	The Articles of Organization were filed on 8.74.06 document number 6.0600083918.		_and assi	gned		
SECOND:	This amendment is submitted to amend the following:					
	REMOVAL OF MEMBER					_
	DOUGLAS I POSTMA					_
	TITLE: MGRM	<u> </u>		<u> Z</u> g	~~_	
	FROM ARTICLE V			CRE	음 유	_ 1
		·		TAR ASSI	<u> </u>	F
				E G	ט	
				STATE	5: 0	_ _
				<i>></i>	8	
		. <u> </u>				
		<u> </u>				_
	. <u> </u>					_
Dated	9.28.07	_				
	James Fried					
	Signature of a member or authorized representat	tive of a	a member			
	JAMES FRIEL Typed or printed name of signee			·		
	1 VUCU OF DEFINED HAIRE OF SIGNED	-				

Filing Fee: \$25.00