1060000093096

(Re	equestor's Name)			
	•			
(Ac	idress)	<u>.</u>		
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
<u></u>		_		
PICK-UP	WAIT	MAIL		
·				
(Bu	isiness Entity Nar	ne)		
(Document Number)				
	our che rumber,			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		•		
		'		
		,		

Office Use Only



800116529408

01/31/08--01020--007 **25.00

2000 JAH 31 AM II: IU

And the same of th

T. CLINE FEB - 1 2008 EXAMINER

BARRY L. MILLER

Attorney at Law 11 N. Summerlin Ave. Orlando, Florida32801 407-425-2400 Fax-425-3753

January 30, 2008

Secretary of State State of Florida P.O. Box 6327 Tallahassee, FL 32314

Re: Ivey & Street, LLC Amended to Gary Lobo, LLC

Dear Secretary:

Enclosed please find the original and one copy of the Articles of Amendment to Articles of Organization for the above limited liability corporation. Please file same and return your certificate with one copy of the Articles time stamped from your office.

Thank you for your time and cooperation in this matter.

Very truly yours, **Barry L. Miller, P.A.**

Just

Legal Assistant to Barry L. Miller

CLR/s Enclosures

COVER LETTER

TO: Registration S Division of Co					
SUBJECT: Ivey & S	Street, LLC				
		nited Liability Company)			
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Barry L. Miller	(1)			
		(Name of Person)			
	Law Offices of Barry				
		(Firm/Company)			
	11 N. Summerlin Av	е.			
		(Address)			
	Orlando, FL 32802		<u> </u>	125	
		(City/State and Zip Code)			-
For further information	concerning this matter, please o	call:	IA,SSEE.	2000 JAN 31 AMII: 14 SECRETARY OF STATE	
Barry L. Miller		at (407) 425-2400	_	S	processory (marginal (marginal)
(Name	of Person)	(Area Code & Daytime	Telephone Number)	1	71,440
Enclosed is a check for	the 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 Fe Certificate of S Certified Copy (additional cop	Status & y	ed)

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

	(City)	(Zip Code)
	, Fl	orida
· · · · · · · · · · · · · · · · · · ·	(Enter Florida	street address)
New Registered Office Address:		, D +
Name of New Registered Agent:		202
registered agent and/or the new registered offic		SE SE
B. If amending the registered agent and/or	registered office address on our records	enter the name of the new
E.E.C.		
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company," the design	gnation "LLC" or the abbreviation
Gary Lobo, LLC		
A. If amending name, enter the new name of th	ne limited liability company here:	
This amendment is submitted to amend the follow	ring:	
Florida document number <u>L06000093096</u>		
The Articles of Organization for this Limited Liab	oility Company were filed on September 2	1, 2006 and assigned
(iona Emmed Elabini, Company)	
(Name of the Limited Li	iability Company as it now appears on our rec- lorida Limited Liability Company)	ords.)
ivey a Street, LLC		

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)

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title <u>Name</u> <u>Address</u> **Type of Action** Remove Add Remove Add 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