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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Carlo Carlo

## **COVER LETTER**

TO:

**Registration Section** 

Division of Co	rporations		
SUBJECT:	Thirteent	h Hibiscus, LLC	
<u></u>		ted Liability Company	
	·		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<del> </del>	Frank J. Casey Name of Person	
	Vigila	nt Consulting Group, LLC Firm/Company	
		6310 E. Course Drive	
	<del> </del>	Tampa, FL 33624 City/State and Zip Code	
	vigilar	•	
	E-mail address: (i	ntconsulting@yahoo.com to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Fra	ank J. Casey	at ( 813 )	240-5290
Name o	of Person	Area Code & Dayti	ime Telephone Number
Enclosed is a check for t		Desc on Filian For 0	Disco on Pilling Bar
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS: ration Section	STREET/COUI Registration Sect	RIER ADDRESS:
	on of Corporations ox 6327	Division of Corp Clifton Building	
Tallahassee, FL 32314		2661 Executive ( Tallahassee, FL	Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Thirteenth Hi	biscus, LLC		
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appea: Liability Company)	rs on our records.	
(	, , , , , , , , , , , , , , , , , , ,		
The Articles of Organization for this Limited Liability Company	were filed on	9/21/2006	and assigned
Florida document numberL0600093101,			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>re</u> :	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	7508 13th Av	e N St. Petersbur	g, FL 33710
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	7508 13th Av	re N St. Petersbur	g, FL 33710
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	<u>e</u> :	our records, enter t	19 HAY I
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			υπ <b>σ</b> ι Α

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>tle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			<b>—</b> •
			Add
			Add Remove
If amer	ding any other information, ente	r change(s) here: (Attach additional shee	ets, if necessary.)
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			······································
ated		·	
		member or authorized representative of a me	mber

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