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Certified Copies	_ Certificate	es of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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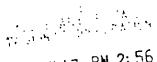
COVER LETTER

TO: Registration : Division of Co			*
SUBJECT:	Schnecder Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	TeresA	Shnewler Name of Person	
	CS Schoe	Company Firm/Company	
	_ N Box	- 33 Address	·····
	BOCK	DAION FC 3	33429
	H-mail address: (i	o be used for future annual report noti	(Continue)
For further information	concerning this matter, please ca	all:	
Tires n S	Charletter of Person	at (<u>SCOC)</u> <u>ALQ</u> S Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



OF

21 MAY 17 PM 2: 56

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Lin	nited Liability Company)
The Articles of Organization for this Limited Liability Com	pany were filed on $\frac{10/9/2000}{2000}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	Hiability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the name of the new registered
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

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 605, 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMRR = Authorized Member

MGR = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address 21 MAY 17 PH 2: 56	Type of Action
<u>mGR</u>	Sevenity Schneider	fo Box 335	⊅ '∧dd
		Rocallaton FL 33429	□Remove
	V	A Change from P 60 mGR	Change
MGR	A Texesa Schneider	KCharge from P & mor BOA 335, BOCA PALON, FC 33429	□Add
		33 (37)	□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□Change
			□Remove
			□Change

If amending any other informat	tion, enter change(s) here: (Attach additional sheets,-if necessary.)
	21 MAY 17 PH 2: 56 -
	
	
	
Effective date, if other than the of If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department.	date of filing:
e record specifies a delayed effective ed is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated MAY 4	<u></u>
	Signature of a member or authorized representative of a member
	eresa Schneicles Typed or printed name of signee

Filing Fee: \$25.00