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EXAMINER



300124999163

04/22/08--01022--009 **30.00

SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Robin Peters, LLC (Name of Limited Liability Company)	
•	(value of Burned Blabinty Company)	
The end	closed Articles of Amendment and fee(s) are submitted for filing.	
Please r	return all correspondence concerning this matter to the following:	
	Robin King (Name of Person)	
	(Firm/Company)	
	PMB 4222, P.O. box 2428 (Address) Pensacda, Florida	
	(City/State and Zip Code)	
For furt	ther information concerning this matter, please call:	
	Robin King at (56) 951 - 1153 (Area Code & Daytime Telephone Number)	
Enclose	ed is a check for the following amount:	
\$25	\$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	osed)
	MAILING ADDRESS: STREET/COURIER ADDRESS:	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Robin Feters, UC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on
Florida document number _ L0700002106
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Robin King, U
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here:
Name of New Registered Agent: Robin King New Registered Office Address: 428 Childes
Name of New Registered Agent: KDDIO KING New Registered Office Address: Hab Childes Hab Childe
Now Designated Agentle Signature if shapping Designated Agents

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)

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

	Manager = Managing Member				
<u>Title</u>	<u>Name</u>		Address	Type o	of Action
	•	N/A		Add Ren -	l nove
/	;			Add	l nove
* • • • • • • • • • • • • • • • • • • •	_			Add Ren	l nove
				Adc Ren -	l nove
				Add Rem	
	-			Add Rem	
D. If an	nending any other infor	mation, enter change(s	s) here: (Attach additional sheets, if nece	essary.)	
				2000 APR 22 PM 12: 4:3 SECRETARY OF STATE TALLAHASSEE, FLORID	
Dated .	4/19/08	Signature of a member or	authorized representative of a member	PMI2: 43 OF STATE EF. FLORID.	Ö

Typed or printed name of signee

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Filing Fee: \$25.00