07000)15670

(Requestor's Name)				
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PICK-UP WAIT MAIL				
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BUSS O E HILL

COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT: ZEPHYF		ted Liability Company)	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	James R. Powell		
	<u> </u>	(Name of Person)	
	Powell - Link, L.L.C.		-
		(Firm/Company)	
	3352 Perimeter Rd.		
		(Address)	
	Palm City, FL 34990	(City/State and Zip Code)	
For further information co	oncerning this matter, please co	all:	
James R. Powell		at (772) 283-2292	
(Name o	f Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for th	e following amount:	·	
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURIER	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 *I*ULIET, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Initiation for this Limited Liability Company were filed on $\frac{2/12/07}{1}$ and assigned The Artichumber L07000015670 Florida int is submitted to amend the following: xling name, enter the new name of the limited liability company here: name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation er new principal offices address, if applicable: <u> rrincipal office address MUST BE A STREET ADDRESS)</u> Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address) (City)

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 the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar y accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this docubeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabilic company has been notified in writing of this change.

Is 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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert E. Powell	19176 SE Old Trail Drive West Jupiter, FL	
		33478	
MGR	Charles W. Link, Jr.	3821 SW Ruark Street Port St. Lucie, FL	Remove
		34953	0
MGR	Antonia P. Link	3821 SW Ruark Street Port St. Lucie, FL 34953	
MGR	Dianne K. Powell	3352 Perimeter Rd. Palm City, FL 34990	Add Remove
73.33			Add Remove
			Add Remove
D. If am	ending any other information, enter ch	ange(s) here: (Attach additional sheets, if nec	essarv.)
		I number of Managers to five including James	
		ding the transfer of real property, shall require	
		t least four of the Managers are alive and	
		res shall be required for all business transaction	ons,
	including the transfer of real property, if	fewer than four Managers are alive and comp	etent.
Dated Ju	().	mber or authorized representative of a member	
	James R. Powell		
	Ту	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00