(Re	equestor's Name)			
	ldress)			
(Au	laress)			
(Ad	ldress)			
(Cit	ry/State/Zip/Phone	e #)		
·				
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies Certificates of Status				
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12/26/07--01039--002 **25.00

COVER LETTER

TO: Registration Se- Division of Cor		
SUBJECT:	Action Converte Unlimited, UC	
	(Name of Limited Liability Company)	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ndence concerning this matter to the following:	
	Chris LONA (Name of Person)	
	(Firm/Company) 4280 TAmiami TVAilz East, #101 (Address)	
	4280 TAMIAMI TVAILE BUST, #101 (Address)	
	Myles, Au 74/12 (City/State and Zip Code)	
For further information co	oncerning this matter, please call:	
	at (239) 115-9902 (Area Code & Daytime Telephone Number)	
Enclosed is a check for th	ne following amount:	
\$25,00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

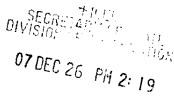
MAILING ADDRESS:

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				
(Name of the Limited Liab (A Flor	Onweste ility Company as it now app ida Limited Liability Compan	UNLim. ted, bears on our records.	LLC	
The Articles of Organization for this Limited Liabili Florida document number <u>L 0 7000 D 17</u>	ty Company were filed on _ 287.	2/14/07	and assigned	
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company	<u>here</u> :		
The new name must be distinguishable and end with the "L.L.C." B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address o			
Name of New Registered Agent:				
New Registered Office Address:	(Enter Florida street address)			
	(City)	, Florida _	(Zip Code)	
New Registered Agent's Signature, if changing Regist	tered 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:

MGR = Manager

MGRM = Managing Member Title <u>Name</u> **Address** Type of Action IANW. Keyes Kerri Keyes Remove Add Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Street Address is: 28720 south Diesel Drive ignature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00