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SECRETARE OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Division of C		•	
SUDJECT.	Flo	oridel, LLC	•
SUBJECT:		ited Liability Company	
	of Amendment and fee(s) are sulpondence concerning this matter	•	
		Edward J. Howie	
		Name of Person	
Floridel, LLC			
		Firm/Company	 ,
7505 Waters Avenue, Suite C7			
		Address	
		Savannah, GA 31406	
	eh	City/State and Zip Code owie@floridelcorp.com	
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please of	call:	
	ward J. Howie	at (912) 352-	8100
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	3\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY OF STATES
TALLAHASSEE, FLORIDA

Floridel, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 03/08/07 The Articles of Organization for this Limited Liability Company were filed on __ and assigned Florida document number _____L0700026203 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with 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 ADDRESS) 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

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.

City

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 MGRM** Madhu Bala Reddy 9013 Southern Breeze Drive ✓ Add Orlando, FL 32836 Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar) September 19 2011 Dated_ Signature of a member or authorized representative of a member Edward J. Howie Typed or printed name of signee

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Filing Fee: \$25.00