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SECRETARY OF STATE
FALLAHASSEF FLORIDA

COVER LETTER

TO: Registration Section Division of Corpo	prations
SUBJECT: ISC	AND WAY REFEREAL CLC Name of Limited Liability Company
The enclosed Articles of An	nendment and fee(s) are submitted for filing.
Please return all correspond	ence concerning this matter to the following:
	JOE MATTHEWS Name of Person
	Name of Person
	Firm/Company
	1351 SOUTHWIND SRIVE
	HVDSON FL 34667 City/State and Zip Code JOE @ JOE MATTHEWS. COM
•	City/State and Zip Code
	JOE & JOE MATTHEWS, COM
	E-mail address: (to be used for future annual report notification)
For further information con	cerning this matter, please call:
	ATTHEWS at (727, 861-7/12
Name of P	ATTHEWS at (727, 861-7/12 Area Code & Daytime Telephone Number CECL: 813 - 220-1520
Enclosed is a check for the	following amount:
\$25.00 Filing Fee [\$30.00 Filing Fee & Status \$55.00 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

FILED

	Or	10 MAR 12	AM II. ea
TSCAND (Name of the Limited Liabil	NAY RE	FERRALIANS	47 11: 59 44 C
(Name of the Limited Liabil	ity Company as it now a	ippears on our records 3 SE	Ur STA TE E. FLORIDA
		•	
The Articles of Organization for this Limited Liability		n	and assigned
Florida document number <u>LO70000</u> 28 %	<u>27/.</u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	•		
SOE MATTHE	WS LL	\subset	
The new name must be distinguishable and end with the w'L.L.C."	ords "Limited Liability (Company," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADI	ORESS)		
·			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or reg	istered office address	s on our records, enter	the name of the new
registered agent and/or the new registered office ac	<u>ldress here</u> :		
Name of New Registered Agent:			
New Registered Office Address:			7
		Enter Florida street add	tress
		, 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 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 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

		Add Remove
		Add Remove
		Add Remove
		Add Remove
		Add Remove
		Add
any other information, enter change	e(s) here: (Attach additional sheets, if necessar	
		FILED 10 MAR 12 AM 11: 59 SHERE ARY OF STATE AND AHASSEE, FLORIDA
3-9, 20.	<u>10</u> .	•
	3-9, 20 Signature of a member	any other information, enter change(s) here: (Attach additional sheets, if necessar

Page 2 of 2

Filing Fee: \$25.00