Division of Corporations
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Division of Corporations

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MAR - 3 2009

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He EXAMINER

FAX NO. :3052201440

Mar. 02 2009 01:46PM P2

# ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION appears on our records.) The Articles of Organization for this Limited Liability Company were filed on 1 Florida document number 60700044 859 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 Rogistered Office Address:

lew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with he provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm most the limited liability ompany has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

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FAX NO. :3052201440

FROM : LAZARUS

MGR = Manager

## H09000047969

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:

MGRM = Managing Momber **Title** Name Address. Type of Action ☐ Add Remove Add Add Remove Add Add 🗂 Remove ■ Add Remove □ Add Remove ). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a momber of authorized representative of a member aribe Typed or printed name of signee

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Filing Fee: \$25.00