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SECRETARY OF STATE
DIVISION OF CORPORATIONS

OG MAR -2 PH 12: 22

T. HAMPTON

MAH - 3 2009

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shaw Wild life. Kemoval (Name of the Limited Liab	LICST PETENSE liky Company as of now appe da Limited Liability Company)	ars on our records,)	
The Articles of Organization for this Limited Liability Florida document number 4781	y Company were filed on		and assigned
This amendment is submitted to amend the following	<u>.</u> *}	ega a sa	
A. If amending name, enter the new name of the land the land end with the way. The new name must be distinguishable and end with the way.			or the abbreviatio
Enter new principal offices address, if applicable:			· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET AD	DRESS)		1 60 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	·		**************************************
Enter new mailing address, if applicable:	, , , , , , , , , , , , , , , , , , ,		FILED PARY OF OF CORPO
(Mailing address MAY BE A POST OFFICE BOX)		·	STATE OF THE STATE
	I		2 2
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		our records, enter the I	name of the new
Name of New Registered Agent:	; :		
New Registered Office Address:	j		
THEW ANGESTEEN CHIEF MUNICIPAL	(E	nter Florida street address	5)
· 		, 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 Changing Registered Agent, Signature of New Registered Agent)

MGR = M MGRM =	lanager Managing Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
		<u>i</u>		Add Remove
				<u> </u>
		:		Add Remove
				Add Remove
- 		· · · · · · · · · · · · · · · · · · ·		Add Remove
D. If amen	_	ion, enter chang	e(s) here: (Attach additional sheets, if necess	SECRETARY OF STATE STORE OIVISION OF CORPORATIONS 09 MAR -2 PH 12: 22
 Dated	Sign	ature of a member	or authorized representative of a member	TICHS 22

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