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(Requestor's Name)  (Address)	800105288288
(City/State/Zip/Phone #)	07/25/0701026013 **25
(Business Entity Name)  (Document Number)	O7 J
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## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJI	CCT: FRESH START Solutions of Florida LLC (Name of Limited Liability Company)
The er	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Tohn Lombardo (Name of Person)  FRESH START Solutions of Florida LLC  (Firm/Company)
	P.O. Box 915073  (Address)  (Address)
	(City/State and Zip Code)  The information concerning this matter, please call:  The Lombardo at (407) 774 - 1090  (Name of Person)  (Area Code & Daytime Telephone Number)
Jan	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	ed is a check for the following amount:
<b>⊠</b> \$2	5.00 Filing Fee \$\ \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
	MAILING ADDRESS: STREET/COURIER ADDRESS:  Registration Section Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on $\frac{5/29/2007}{491}$ and assigned document number $\frac{L07000056491}{10000056491}$ .		
SECOND	: This amendment is submitted to amend the following:		
	Please Admord KAREL Wright AS R	gisterecl	
Agen	t AND MORM AND REPlace with MANK	ı	
0	MANJOU AS MGRM AND Registered Age	at-	
	MANLEY AS MERM AND Registered Age Address to Stry the Same. Mank Mankey is		
	Responsible and Accepts Duphies of Registered Agent	<del>-</del>	
	Thank you		
	M. M.		
	Mark Marley	•	
	MARIC MANLEY		
Dated	6/29/67	平台	
		强气	卫
	Le Chercet	JUL 25 PH 1: 1	
	Signature of a member or authorized representative of a member	F OF	
	KAREL Wright	STATE OF THE	
	Type or printed name of Signes	Su a	

Filing Fee: \$25.00