## 20700056668

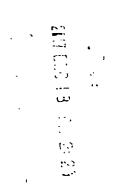
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Certified Copies	<del></del>	Certificati	es of	Status
Special Instructions	to Filir	ng Officer:		

Office Use Only



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DEC 1.9 2M7 J. HARRIS

## **COVER LETTER**

	ntals, LLC						
SUBJECT:	Name of Lim	ited Liability Company	<del></del>				
The analoged Artigles o	f Amendment and fee(s) are sub	mitted for filing					
riease return all correst	ondence concerning this matter	to the following:					
	Donald Pendry						
		Name of Person					
		Firm/Company					
	247 N Westmonte Drive						
		Address					
	Altamonte Springs, FL 32	714					
		City/State and Zip Code					
	tpendry@picernefl.com						
	E-mail address: (	to be used for future annual report notif	ication)				
For further information	concerning this matter, please c	all:					
Jeff Frame		407 422-1001 at ( )					
Name	of Person	at () Area Code Daytime	Telephone Number				
Enclosed is a check for	the following amount:						
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,				
- Judioo i iiiig i ce	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & 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
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
	(A Florida Limited Liability Company)	
The Articles of Organization for this Limited L	iability Company were filed on $\frac{0}{2}$	5/29/2007 and assigned
Florida document number L07000056668		
	<del></del>	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	of the limited liability company h	<u>iere</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Control of the Contro	blo.	
Enter new principal offices address, if appli		- FS2
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>	
		•
		· · · · · ·
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE	BOX	
	<u></u>	Ŀò
	<del></del>	, -41
B. If amending the registered agent and	/or registered office address o	n our records, enter the name of the
registered agent and/or the new registered of		
Name of New Registered Agent:	Donald W Pendry	
New Registered Office Address:	247 N Westmonte Drive	
<u> </u>	Enter Flo	orida street address
	Altamonte Springs	. Florida 32714
	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 605, 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Paul E Weidner	290 E Halifax	🗆 Add
		Oak Hill. FL 32759	Remove
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Filing Fee: \$25.00 👍

Page 3 of 3