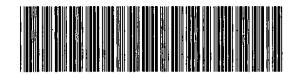
L07000059725

(Requestor's Name)	_				
(Address) ,	_				
(Address)	_				
(City/State/Zip/Phone #)	_				
PICK-UP WAIT MAIL					
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SECRETARY OF STATE
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COVER LETTER

Division of Co			•	
SUBJECT:	. n			
•		ness Group, LLC ited Liability Company)		
	Amendment and fee(s) are sub	_		
Please return all correspondence	ondence concerning this matter	to the following:		
		Shital J. Vyas		
		(Name of Person)		
	0	hm Business Group, LLC		
		P.O. Box 621083		
		(Address)		
	Or	lando, Florida 32862-1083		
		(City/State and Zip Code)		
For further information of	concerning this matter, please c	eall:		
Shital	J. Vyas	at (407) 529 - 9411	· · · · · · · · · · · · · · · · · · ·	
(Name of Person)		(Area Code & Daytime Telephone Number)		
Enclosed is a check for t	he following amount:			
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS:		STREET/COURIER	ADDRESS:	

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



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SECRETARY OF STATE FALLAHASSEE FLORIDA

' Ohm Business		MELKUN33	CE FLURIDA
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appear Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL07000059725	were filed on	June 6, 2007	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>re</u> :	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	13175 Looking	Glass Falls Lane	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, Florida 32824 - 4349		
Enter new mailing address, if applicable:	P.O. Box 62108	33	
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, Florida	a 32862 - 1083	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	<u>re</u> :	our records, <u>enter t</u> inter Florida street add	
	(City)	, riorida	(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

MGRM = Managing Member **Title** Address **Type of Action** Name **MGR Edward Sanchez** 8523 Lake Windham Avenue <u>■</u> Add Orlando, Florida 32829 - 7659 ■ Remove Remove 🗖 Add Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary, July 28 , 2008 Signature of a member of authorized representative of a member Shital J. Vyas Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00