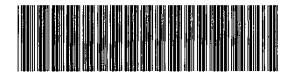
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(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Busi	iness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to F	iling Officer:			
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G. MCLEOD

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EXAMINER



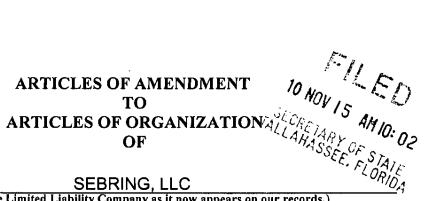
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SECRETARY OF STATE
ALLAHASSEF FINALE

· COVER LETTER

то:	Registration S Division of C				
SUBJE	CT:	BRING, LLC			
5050					
The enc	losed Articles o	of Amendment and fee(s) are su	bmitted for filing.		
Please r	eturn all corres	condence concerning this matte	r to the following:		
JERRY COLLINS Name of Person					
			Nume of reason		
EXECUTIVE ACCOUNTING & BOOKKEEPING SVC INC					
			Firm/Company		
	412 SOUTH CONGRESS AVE				
			Address		
		WES [*]	T PALM BEACH, FL 33406		
			City/State and Zip Code		
			DRMNJ@AOL.COM		
For furth	ner information	concerning this matter, please	(to be used for future annual report notification)		
		Tonoching the state of the stat	••••		
JERRY COLLINS Name of Person			at (561) 683-7		
	Name	of Person	Area Code & Daytime Telepho	me Number	
Enclose	d is a check for	the following amount:			
₹ 25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section ion of Corporations Box 6327	STREET/COURIER ADI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301		



	SEBRING, LLC
(Name of the Limited I	iability Company as it now

w appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	06/07/2007	and assigned
Florida document number L07000059933			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :	
SEBRING	1, LLC		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	2318 BAY VILLAGE CT		
(Principal office address MUST BE A STREET ADDRESS)	PALM BEACH GARDENS, FL 33410		
Enter new mailing address, if applicable:	2318 BAY VI	LLAGE CT	
(Mailing address MAY BE A POST OFFICE BOX)	PALM BEACH GARDENS, FL 33410		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter t</u>	ne name of the nev
Name of New Registered Agent:			
New Registered Office Address:	P	stay Florida atyaat add	
	Enter Florida street address		
	City	, Florida	Zip Code
	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

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 **Address** Title Type of Action Name Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November , 2010 . Signature of a member or authorized representative of a member Michael N. Johnson
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00