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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL.
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Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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Office Use Only



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J. BRYAN

AUG 2 0 2008.

**EXAMINER** 

## **COVER LETTER**

	,			
TO: Registration Se Division of Co				
SUBJECT:	THE I MP	Act (ENDING ited Liability Company)	,Lle	DINISION
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	G	
Please return all correspo	ondence concerning this matter	to the following:		WEIGH OF LO PM 1: 08
	RATZEL	6 M Za (52 (Name of Person)		08
	THE Impa	(Firm/Company)	<u>C</u>	
	13899	CAddress)	Suite 230	
		GEACH F (City/State and Zip Code)		
_	concerning this matter, please ca			
KATZE (Name	/ 6 anza/EZ	at (317) 325 - 3 (Area Code & Daytime T	elephone Number)	
Enclosed is a check for the				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Cértified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is encl-	osed)

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address)

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.

(City)

(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

<u>Title</u>	Name	Address	Type of Action			
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		age(s) here: (Attach additional sheets, if necessary.				
<del>-1</del> 12-	PLASE ADD YUMA	in Menber (Secretar	DIVISION OF FA			
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Dated	0 15	2008.	S S			
	Signature of a memb	per or authorized representative of a member				
	Patzel	60 2000 /E Z				
	Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00