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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE
TALLAHASSEE, FLORIG

D. BRUCE

AUG 5 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Co					
SUBJECT: <u>Pav</u>	13-POYCTER, LLC (Name of Lim	ited Liability Company)			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	KERRY S. F	(Name of Person)			
		(Firm/Company)			
		(Firm/Company)			
	1201 winter	(Address)	#103	OB AUG SEGRET	
	winten Garden	FL 34787 (City/State and Zip Code)		ARY ARY	
		(City/State and Zip Code)		AM II: L OF STAT E. FLORI	The state of the s
For further information of	concerning this matter, please c	all:		I: L I	
Shane Pon	of Person)	at (321) 559 49 (Area Code & Daytime T			
(Mane	or reison)	(Area Code & Daytime 1	elephone Number;)	
Enclosed is a check for the	he following amount:				
2 \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	d)

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

Nome of the Limited Liability Compa	ny as it now appears on our records)
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on July 12, 2007 and assigned
Florida document number <u>4070000 71880</u> .	
This amendment is submitted to amend the following:	SECRE I
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LIG" or the abbreviation
Enter new principal offices address, if applicable:	1204 WAHNETA COURT
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMER, FL 34759
Enter new mailing address, if applicable:	1201 WINTER GARDEN VINEIAND RD
(Mailing address MAY BE A POST OFFICE BOX)	#103
	WINTER GARDEN, FL 34787
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	
New Registered Office Address:	
e Registered Office Address.	(Enter Florida street address)
	. Florida
	(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.

MGR = Ma $MGRM = N$	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MURM			=
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		•	— n
		· · · · · · · · · · · · · · · · · · ·	• ☐ Add
			Add Remove
D. If amend	ling any other information,	enter change(s) here: (Attach additional she	ets, if necessary.)
-			08 AUG -4 SECRETARY TALLAHAISSE
Dated A	ucust 1		AUG-4 AM II: LI CRETARY OF STATE LAHASSET. FLORIDA

Page 2 of 2

Filing Fee: \$25.00