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(Re	equestor's Name)				
(Ac	ldress)				
(Ac	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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Con	lic Am N)			

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BUCK KUHR 12/11/08

COVER LETTER

10:	Division of Cor					
erib it	ECT:	PYRAMID ESTA	TES. LLC			
SUBJE	set:		ted Liability Company)			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		MICHEL BOULO	S (Name of Person)	08 DCT (F)		
		C/O PYRAMID	ESTATES			
MICHEL BOULOS (Name of Person) C/O PYRAMID ESTATES (Firm/Company) 2090 EAST PARK AVENUE (Address)						
		2090 EAST PA	RK AVENUE			
C/O PYRAMID ESTATES (Firm/Company) 2090 EAST PARK AVENUE (Address) TALLARASSEE, FL 32301						
		TALLAHASSEE,	FL 32301			
			(City/State and Zip Code)			
For fu	rther information o	concerning this matter, please c	all:			
MIC	CHEL BOULOS		at (850) 567-3608			
	(Name	of Person)	(Area Code & Daytime	Felephone Number)		
Enclos	sed is a check for t	he following amount:				
☑ \$25	5.00 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)		
		ING ADDRESS:	STREET/COURIER Registration Section	R ADDRESS:		
	Divisio P.O. B	on of Corporations fox 6327 assee, FL 32314	Division of Corporati Clifton Building 2661 Executive Cento			

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ny as it now appears on our records.) Liability Company)	
were filed on _07/23/2007 and assigned	
- , ,	
pility company here:	
ited Liability Company," the designation "LLC" or the abbre	
2090 EAST PARK AVENUE	
TALLAHASSEE, FL 32301	
2090 EAST PARK AVENUE	
TALLAHASSEE, FL 32301	
ffice address on our records, <u>enter the name of th</u> re:	
(Enter Florida street address)	
i	

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

<u> </u>	<u>Name</u>	Address	Type of Action
.			Add Remove
			Add Remove
			Add Remove
			Add Remove
·			Add Remove
***			Add Remove
. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
		,	-
_			_
			_ _ _
 Dated	OCTOBER 17, 2008 ,	71:01 Pa S	

Page 2 of 2

Filing Fee: \$25.00