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COVER LETTER

TO:	Registration Section Division of Corporations	* 3 /		
SUBJE		Limited Liability Company)		
The en	closed Articles of Amendment and fee(s) are	submitted for filing.		
Please	return all correspondence concerning this ma	atter to the following:		
	Par	(Name of Person)		
	First Place	e Paramere Outanotive L.C. (Firm/Company)		
	59533	Address) 542 wast		
	Wintert	(City/State and Zip Code)		
For further information concerning this matter, please call:				
B	(Name of Person)	at (863) 551-3000 (Area Code & Daytime Telephone Number)		
	ed is a check for the following amount: 5.00 Filing Fee \$\text{Certificate of Statu}\$	\$55.00 Filing Fee & \$60.00 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

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

Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	LLC		
The Articles of Organization for this Limited Florida document number	Liability Company were filed on <u>1-22-08</u>	and assigned SECRE		
This amendment is submitted to amend the fo	ollowing:	JAN 28 PH		
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." 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:	Branch Cillespie 5953 5404e +d 540 (Enter Florida street addit	0est ress)		

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)

(Zip Code)

MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> Address Remove □Add Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member

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:

Page 2 of 2

Filing Fee: \$25.00