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C. LEWIS

OCT - 12899

EXAMINER

TO: Registration Section . Division of Corporations Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person be used for future annual report notification) For Mrther information concerning this matter, please call: Name of Region

\$55.00 Filing Fee & Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

\$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

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

7\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

* ARTICLES OF C	DRGANIZATION	
) o	F	2009 SEP 30 PM 12: 46
Name of the Limited Liability Compa (A Florida Limited	and as it now appears on our records. Liability Company)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on July 11, 2001	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
N)A (Same name)	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designatio	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N a	
(Principal office address MUST BE A STREET ADDRESS)	Vane address	
Enter new mailing address, if applicable:		···
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		er the name of the new
Name of New Registered Agent:	N a	
New Registered Office Address:	Vane le sistesse quert 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action Title Address** Name ☐ 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.) ha member or authorized representative of a member PM 12: 46 Page 2 of 2

Filing Fee: \$25.00