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Office Use Only

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: FGGICO, LLC (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:
Wayne Plummer (Name of Person)
EGGICO LLC (Firm/Company)
2700 W. Atlantic Blvd Suite 215 (Address)  Dompano Bch, FL 33069 (City/State and Zip Code)
Dompano Bch, FL 33069 (City/State and Zip Code)
For further information concerning this matter, please call:
WAYNE Plummer at (954) 974-4519 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \ \ \ \times \ \ \ \times \ \ \times \ \ \ \times \ \ \ \times \ \ \ \ \ \times \ \ \ \times \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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

FILED

08 MAR - 5 PM 12: 17

SECRETARY OF STATE TALLAHASSEE FLORIDA

EGGICO,		
( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.)  orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilification for the Limited Liabilification of the Articles of Organization for this Limited Liabilification for the		207 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the EGGLCO COMMUN.  The new name must be distinguishable and end with the "L.L.C."	rications LLC	n "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office		er the name of the new
Name of New Registered Agent:	Christian ULCE	CNA
New Registered Office Address:	2760 W Atlantic Blu (Enter Florida street	
7	Dompano Beach, Florida	3069 (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 108, 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)

Page T of 2

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>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If an	nending any other information, enter	change(s) here: (Attach additional sheets, if necessa	
			08 MAR -5 PM 12 SECRETARY OF STALLAHASSHEFT
Dated	February 29,  Mayne  MAYNE	2008.	IZ: 17 STATE HORIDA
	Signature of an	Plummer member or authorized representative of a member Plummer Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00