LD1000082542

. (Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(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:

L. SELLERS

SEP 21 2009

EXAMINER

Office Use Only



900160445489

..09/18/09==01017==010 **25.00

O9 SEP 18 PH 2: 3: SECRETARY OF STATE

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	ANS GEA	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	JAME	S /C / NC-Name of Person	
	SANS	SEAUNZ C Firm/Company	_
	4142 FI	LE WATER CT Address	
	- REANS	SFC 3282 City/State and Zip Code ANJIM & AOC	29_
•	SANS GE E-mail address: (1	ACTIMES ACC to be used for future annual report notificati	. Com
For further information co	oncerning this matter, please c	all:	
Nameof	Person	at (at Code & Daytime To	elephone Number
Enclosed is a check for the	e following amount:		
\$25.00 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)

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

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on AUG-6, Zoo7 and assigned Florida document number <u>LO70</u>00 This amendment is submitted to amend the following: 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." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street adaress 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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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
MGR	BARRY, JOSEPH	GREANDO, FL 32829	Add Remove
			AddRemove
D. Ifam.	anding any other information autor abo	ange(s) here: (Attach additional sheets, if neces	AddRemove
D. 11 a tho	ending any other intormation, enter tha	inge(s) nere. (Anach dadinonal sheets, ij neces	
Dated	SEPT 12, 2	?009.	99 SEP
	JAMES	ber or authorized representative of a member ped or printed name of signee	EP 18 PH 2: AHASSEE LOI
		Page 2 of 2 Filing Fee: \$25.00	2: 45 STATE LORIDA