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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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DIVISION OF CORPORATION

SECRETARY OF STATE
OIVISION OF CORPORATION

J. BRYAN

JUN - 6 2008

EXAMINER

COVER LETTER

| TO: Registration Se Division of Cor | | | | |
|--|---|--|--|--|
| SUBJECT: FRED | (Name of Lim | IAN SERVIC | Œ | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| | TRED CAS TRED'S HA 5857 N PORT ST. | (City/State and Zip Code) | + 31986 | DIVISION OF CORPORATIONS 08 JUN -5 PM 2: 30 |
| fuel (a | oncerning this matter, please confidence of Person) | all: at (72) 932 - (Area Code & Daytime To | 48/2 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 Sta Certified Copy | |

MAILING ADDRESS:

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

(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 ed Liability Company as it now appears on our records.) (A/Florida Limited Liability Company) 8-13-0 The Articles of Organization for this Limited Liability Company were filed on Florida document number 40700083226 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 address)

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)

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

MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|---------------|--|---|------------------|
| <u>MGRM</u> | MARYANN CASTIllo | 5857 NW FOGE/CT PORT ST LUCIE FIN 34986 | Add Remove |
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| ***** | | | Add Remove |
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| D. If amendin | ng any other information, enter change(s | here: (Attach additional sheets, if necessary.) | SECRETARY OF STA |
| Dated | 6-2- <u>, 200</u> | 8. 2. | ATIONS |
| | TRED CAS | authorized representative of a member printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00