

Florida Department of State

Division of Corporations Public Access System

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(((H090000237313)))



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TO:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 12000000019

Phone Fax Number : (305)552-5973 : (305)220-1440

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Corporate Filing Menu

Help

2/2/2009 2:04 PM

FROM : LAZARUS

FAX NO. :3052201440

Feb. 02 2009 04:32PM P2

H O 9 O O O O O 2 3 7 3 1

09 FEB -2 AM 8: 10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SECRETARY OF STATE TALLAHASSEE FLORIDA

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 "LLC."

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)

v Diamal .

(City)

(Zip Code)

Yew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with he 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 reing filed to merely reflect a change in the registered affice address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Chapting Registered Agent, Signature of New Registered Agent)

Page 1 of 2 H 0 9 0 0 0 0 2 3 7 3 1 FROM LAZARUS

4GR = Manager

FAX NO. :3052201440

H09000023731

f amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager removed from our records:

IGRM = Managing Member itle Name Address Type of Action Add [Remove Remove ∐∧dd Remove Add Remove Add Remove 5bAC Remove D. If smending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00