## 107000094177

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(City/State/Zip/Phone #)			
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2009 JUL 27 AM ID: 53

SECRETARY OF STATE
ALLAHASSEE. FLORIO

T. CLINE
JULY 8 2009

EXAMMER

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Jeffrey Ray Reg Name of Limited I	W Estate, UC.	•
The enclosed Articles of Amendment and fee(s) are submitted.  Please return all correspondence concerning this matter to the	•	
Jeffrey R	Name of Person	
Jeffrey Rau	14 Associates,	uc
214 Brazilia	MANC Ste 280 Address	d
	ty/State and Zip Code	2009 JUL 27 SECRETARY ALLAHASSI
E-mail address: (to be  For further information concerning this matter, please call:	used for future annual report notification)	27 AM ID: 53 ARY OF STATE ASSEE, FLORID:
Jeffrey Ray Name of Person	at 501 523 - 0556 Area Code & Daytime Telephone N	<u> </u>
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\times \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed)	.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRE	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on \_ and assigned Florida document number \_LQ7000096177 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 The "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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = N MGRM =	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			— n
			Add  Remove
	•		ASS PAdd Remover
			Add Remove
D. If ame	ending any other information, enter char	nge(s) here: (Attach additional sheets,	if necessary.)
-			
-			
Dated _		<u>09</u> .	
	(W) ( _	Jeffey Roy ed or printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00