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T. HAMPTON MAR 2 7 2008

EXAMINER

COVER LETTER

Division of C	
SUBJECT: 5v.	MAINE OF Limited Liability Company)
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.
Please return all corres	condence concerning this matter to the following:
	KENNESH HOMNER (Name of Person) Symmis Bysiness Brokepose + Bonson, 6204, LLC (Firm/Company) 419 N. Magneria Drenve (Address) Openso FL 3280/ (City/State and Zip Code)
	(Oil) out and any obder
	concerning this matter, please call:
- Fenn (Name	e of Person) at (402) 222-3787 (Area Code & Daytime Telephone Number)
Enclosed is a check for	the following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

SUMMA BUSINES	5 BROKERBOE +1	TOVISORY GROVE LLE
(Name of the Limited L (A I	Liability Company as it now appears Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liab Florida document number <u>LO7000</u> 0	bility Company were filed on	9/21/2007 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here	;
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compar	ry," the designation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered offi		ur records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
-	(Enter Florida street address)	
		, Florida
	(City)	(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 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.

(If Changing Registered Agent, Signature of New Registered A

FILED STATE OF STATE OF CORPORATIONS

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

Title Name Address **Type of Action** MERM LENNETH J HAMMER 419 NORTH MORNOLISTE Add OPLANDO, FL 3280) Remove

MERM JOSE ROJO 3393 SHALLOT PR. \$105 | Add OPLANDO, FL 32835 Remove □Add Remove □Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) THE PRINCIPAL DOPPESS SHALL BE: 419 NORTH MOGNOLLY OVENUE OPLONDO, FL 3280) Dated Monch Signature of member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00