LU7000098421

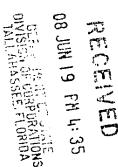
(Re	questor's Name)			
	ŕ			
(Ad	dress)			
(Ad	dress)			
(Cit	:y/State/Zip/Phone	#\		
(Cit	y/Otate/2ip/r-none	π <i>)</i>		
PICK-UP	MAIT	MAIL		
`				
(Bu	siness Entity Nam	e)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
				
Special Instructions to Filing Officer:				
· ·	_			
·				
,		}		
	•			

Office Use Only



800131384358

06/20/08--01001--011 **25.00



08 JUH 19 AM 9: 15

B. KOHR

JUN 2 0 2008

EXAMINER

FLORIDA COMPLIANCE SPECIALISTS, INC. DAVE TAYLOR, PRESIDENT 2333 Hansen Lane, Suite 3 Taliahassee, Florida 32301 Voice: (850)942-5464 Fax: (850)942-5111 dave@floridacompliance.com www.floridacompliance.com Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 4/20/08 → Walk in Certified Copy ☐ Mail out ☐ Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION ☐ Foreign Annual Report Fictitious Name Limited Partnership Reinstatement Trademark Other Examiner's Initials

CR2E031(7/97)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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 Flor	ida street address)
	(City)	, Florida(Zip Code)

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

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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>	Name	Address	Type of Action
Directors	Sal A Munziata	201.8. Orange Are 100 Orlando F1 32801	Add Remove
Directors	Robert Hunziata	2018. Orange Ave # 1000 Driando F1 32801	Add Remove
prector	, matthew Guldmai	01201.9. Urange Ave#100	Add Remove
nember	Floridian Financial	1696 (Inde Morris Daytona Brach FI 32117	Add Remove
			Add Remove
			Add Remove
D. If amendir	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	_
			_
Dated	,,		
_	Signature of a member o	rauthorized representative of a member	
	Jal A. Mu	nziata	
_	Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00