10700099646

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

G. MCLEOD

JUL 11 2008

EXAMINER



900132314609

07/10/08--01037--003 **60.00

08 JUL 10 PH 12: 01

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Name of Limited Liability Company)						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Doli A. Davis						
(Name of Person)						
(Firm/Company)						
(Time Zompany)						
3112 54th Street With						
(**************************************						
St. Petersburg Fr. 33710 (City/State and Zip Code)						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
(Name of Person) at (177) 637-1986 (Area Code & Daytime Telephone Number)						
(
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\times \$30.00 Filing Fee & \$\times \$55.00 Filing Fee & \$\times \$60.00 Filing Fee, \$\times \$						

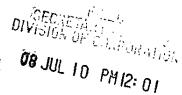
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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



(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our record	<u>(s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number LOT DUCCIA SACE.		and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	512 4th Avenue	South
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg	F. 33701
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	513 HA Avenu St. Petersburg	Sudh FL 337CL
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida str	eet address)
	, Flori (City)	da(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 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 = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Kelly Hayden	419 Barcelona Drive St. Perensburg, FL 33716	Add Remove
MGR	Suzanne Huff	512 4th Avenue South St. Perersburg, FL 33701	Add Remove
			Add Remove
i			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
			<u> </u>
Dated	alusta L	•	
	1/2 11 (1)	er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00