L0700104262

| (Req | uestor's Name) | |
|----------------------------|----------------|-------------|
| (Addi | ress) | |
| (Addi | ress) | |
| (City/ | State/Zip/Phon | e #) |
| | ☐ WAIT | |
| (Busi | ness Entity Na | me) |
| (Doc | ument Number) | <u></u> |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fi | ling Officer: | |
| | | |
| | | |
| | | • |
| Amend | | |

Office Use Only



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08 JAN -3 PH 3: (

G. MCLEOD

JAN 0 4 2008

EXAMINATION

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: |
| |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Jesse Biter |
| (Name of Person) |
| (F)/C |
| (Firm/Company) 1605 Main St Sute 910 |
| Sara sota Fl 34236 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Rhay Tomassett at (941) 870 - 3679 (Name of Person) (Area Code & Daytime Telephone Number) |
| |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Scritificate of Status Scritified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

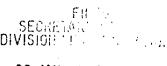
STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION DIVISION OF OR MAN

(Present Name)
(A Florida Limited Liability Company)



08 JAN -3 PH 3: 06

| FIRST: | The Articles of Organization were filed on |
|---------|--|
| SECOND: | This amendment is submitted to amend the following: |
| | Please Change Sole popultor and. |
| | managing member to Jesse Riter of 1605 Main St, Seute 910 Sara Sota Fl 34234 |
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| | |
| Dated | |
| | |
| | |
| | Signature of a member or authorized representative of a member |
| | |
| | Typed or printed name of signee |