# LO7000108575

| (Requestor's Name)                      |
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## **COVER LETTER**

| TO:       | Registration Section Division of Corporations  |             |
|-----------|--|-------------|
| SUBJE     | (Name of Limited Liability Company)  |             |
| The enc   | closed Articles of Amendment and fee(s) are submitted for filing.  |             |
| Please r  | return all correspondence concerning this matter to the following:   |             |
|           | DAVID E. South (Name of Person)  |             |
|           | South 150 Full service (LC (Firm/Company)  |             |
|           | 899 wast prospect Rd ARM   | 7001 NOV -8 |
|           | (City/State and Zin Code)  | o M         |
| For furtl | ther information concerning this matter, please call:  | W           |
|           | (Name of Person) at (954) 324 - 5117  (Area Code & Daytime Telephone Number)   |             |
| Enclosed  | ્રોક a check for the following amount:   |             |
| \$25.0    | 00 Filing Fee \$\ \text{S30.00 Filing Fee & Gertificate of Status} \text{S55.00 Filing Fee & Gertificate of Status} \text{Certified Copy} \text{Certificate of Status} |             |

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South (151) fu

|         | (A Florida Limited Liability Company)   |             |
|---------|---|-------------|
| FIRST:  | The Articles of Organization were filed on $\frac{10-25-2007}{08575}$ and assigned document number $\frac{L07000108575}{08575}$ |             |
| SECOND: | This amendment is submitted to amend the following:  Managar/Mambar Datail  DAVID E. South  1840NW ZGAVA                        | <del></del> |
|         | FEI number 74-3236265 SEE FLORIDA   |             |
| Dated   | Signature of a member or authorized representative of a member  Typed or printed name of signee                                 |             |

Filing Fee: \$25.00