## L07000111368

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

Office Use Only



000156258660

05/27/09--01031--008 \*\*25.00

FILED
2009 MAY 27 PM 2: 38
SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

MAY 2 8 2009

EXAMINER

## **COVER LETTER**

TO: Registration Se Division of Cor			,	
SURTECT: NA	S WAGHTLOSS	ted Liability Company		
	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ROJACS	MAKTU Name of Person		
		Name of Person		
	METDORK	MANAGEMENT SERVICE Firm/Company	5	
		Firm/Company		
	6150 DIAMONE	Address	6-400	
FORT MYERS, FE 33912  City/State and Zip Code				
	Quana. 15	City/State and Zip Code		
	E-mail address: (	THE CONCAST. NET to be used for future annual report notificat	ion)	
For further information of	concerning this matter, please c	rall:		
LONALD	MARTIN	at ( <b>V39)</b> 940 -64	02	
Name of Person  at (739) 940 -6402  Area Code & Daytime Telephone Number		elephone Number		
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MANLING 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

FILED

2009 MAY 27 PM 2: 38

Name of the Limited Liab (A Flori	ility Company as it now appear da Limited Liability Company)	SECRETARY OF STATE s on our reparts HASSEE, FLORIDA	
The Articles of Organization for this Limited Liabilit Florida document number		1/2/2007 and assigned	
This amendment is submitted to amend the following	<b>3</b> :		
A. If amending name, enter the new name of the	limited liability company here	2:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	ADDECC)		
Enter new mailing address, if applicable:			
Enter new mannig audress, in applicable: (Mailing address MAY BE A POST OFFICE BOX)		49-1	
Manning muricis Mail Barri Ost VI 1402 Borry			
B. If amending the registered agent and/or registered agent and/or the new registered office a		ur records, enter the name of the new	
Name of New Registered Agent:		W ( )	
New Registered Office Address:			
	Enter Florida street address		
	C'4	, Florida Zip Code	
	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 Agent

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Address Type of Action** <u>Title</u> Name 1 150 DIAMOND CENTER COURT Remove ☐ Remove <u>C</u>00 6150 DIAMOND RENTER COURT, BUDG 400 FORT MYERS, FL 33912 ☐ Remove Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member RICHARD L. SCO9 | Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00