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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section Division of Corporati			Constanting	ida Como de la como	
SUBJECT: 1611 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Name of Limit	EUSIDE TUN (ed Liability Company)	222	-	
The enclosed Articles of Amen	dment and fee(s) are subn	nitted for filing.			
Please return all correspondence	e concerning this matter to	o the following:			
	J1/145 6 R	(Name of Person) (PETELS (DE JUN) (Firm/Company) (Address) (Address) (City/State and Zip Code)	lay	2000 APR 25 P 3: SECRETARY OF STA	FILED
For further information concern I I B Ex S (Name of Person		at (772) 285 (Area Code & Dayt	- 3/8/ ime Telephone Numl	AIDA 25	
Enclosed is a check for the followard for the following Fee \$25.00 Filing Fee \$25.00 \$	owing amount: 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certifie	iling Fee, cate of Status & cd Copy onal copy is enclo	osed)

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

- /	Liability Company as it now appears	IND LL	(
(Name of the Limited (A	Liability Company as it now appears Florida Limited Liability Company)	on our records.	
(Name of the Limited (A) The Articles of Organization for this Limited Limited Limited Limited A. If amending name, enter the new name of	ability Company were filed on	/// 4/ & ECRET	Zand assigned 会
This amendment is submitted to amend the follo	owing:	TARY O	1 25
A. If amending name, <u>enter the new name of</u>	the limited liability company here:	F STATE FLORIDA	.D □ 3 25
The new name must be distinguishable and end with 'L.L.C."	h the words "Limited Liability Company	," the designation "I	LLC" or the abbreviation
B. If amending the registered agent and/o registered agent and/or the new registered off	fice address here:		
Name of New Registered Agent:	HIBERT BINZ 2369 CARRIAGE	Excel	
New Registered Office Address:			
	(Ente	er Florida street add	dress)
	Prem City	, Florida	34940

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, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Title Type of Action Address Kemove Add Remove Add Remove \Box Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AS PER ACREEMENT Dated Signature of a member or authorized representative of a member HILBERT BINDEROW

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00