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(Requestor's Name)				
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PICK-UP	WAIT	MAIL		
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(Bu	siness Entity Nar	ne)		
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Certified Copies	_ Certificates	s of Status		
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Special Instructions to	Filing Officer:			
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EXAMINER



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SECRETARY OF STATE ON STATE OF CORPORATIONS

COVER LETTER

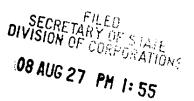
TO: Registration Secti Division of Corpo			
SUBJECT: The C	Orange Pool Compan (Name of Lin	LLC nited Liability Company)	
The enclosed Articles of An	nendment and fee(s) are sui	bmitted for filing.	
Please return all corresponde	ence concerning this matter	r to the following:	
	Mathaw.	Jesse (Name of Person)	
		(Name of Person)	
		(Firm/Company)	
	10330 Lake Di	strict Lane (Address)	
	Orlando PL	32832 (City/State and Zip Code)	
For further information cond	erning this matter, please of	call:	
Matthew Jesse (Name of P	erson)	at (<u>467</u>) <u>222 - 303 4</u> (Area Code & Daytime T	elephone Number)
Enclosed is a check for the f	ollowing 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)

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 records.) lability Company)
The Articles of Organization for this Limited Liability Company	were filed on 12 03 2007 and assigned
Florida document number L07000120135	
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."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	10330 Lake District Lane
(Principal office address MUST BE A STREET ADDRESS)	Orlando FL 32832
Enter new mailing address, if applicable:	10330 Lake District Lane
(Mailing address MAY BE A POST OFFICE BOX)	Orlando FL 32832
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	(Enter Florida street address)
	(City) (Zin 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> </u>	<u>Name</u>		Address	Type of Action
MG RM	Phillip	Santillan	10217 Strafford Pointe Avenue Orlando FL 32832	Add Remove
				Add Remove
				Add Remove
	.	,		Add Remove
	-			Add Remove
- ,				Add Remove
). If an	nending any othe	r information, enter change(s	s) here: (Attach additional sheets, if necessary	· <i>)</i>
Dated	August 21	, 2008		
		Signature of a member or	r authorized representative of a member	
			printed name of signee	

Page 2 of 2

Filing Fee: \$25.00