L07000121744

(Danuarhada Nama)	_		
(Requestor's Name)			
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(Address)	_		
(Address)			
(City/State/Zip/Phone #)	_		
, , , ,			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies - 1 - 2 - 2 - Certificates of Status - 2 - 2 - 2 - 2	_		
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Special Instructions to Filing Officer:	l		
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G. MCLEOD

SEP - 9 2009

EXAMINER



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SECRETARY OF STATE

COVER LETTER

سني Division of G	Corporations					
SUBJECT:	Asbestos & Mesotheli	oma Awareness Group, l	<u>LC</u>			
Name of Limited Liability Company						
The enclosed Articles	s of Amendment and fee(s) are sub	emitted for filing.				
Please return all corre	espondence concerning this matter	to the following:				
		Raymond Apelado				
		Name of Person				
	Asbestos & Me	sothelioma Awareness Group	o, LLC			
		Firm/Company				
	20 North	Orange Avenue, Suite 1450				
·		Address	·			
	O	rlando, Florida 32801				
		City/State and Zip Code				
	C meil addage. 6	ene@asbestos.com	Von)			
For further information	on concerning this matter, please o	-	non)			
roi futurei informatio	on concerning this matter, please c	ин.				
	aymond Apelado	at(55-5755			
Nar	ne of Person	Area Code & Daytime T	elephone Number			
Enclosed is a check f	or the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	AILING ADDRESS: gistration Section	STREET/COURIER Registration Section	R ADDRESS:			

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

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Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	, Florida	Zip Code	
New Registered Office Address:	Ei	nter Florida street addr	ess	
Name of New Registered Agent:				
egistered agent and/or the new registered office address b				
3. If amending the registered agent and/or registered	office address on	our records, enter th	e name o	of the ne
Mutung uturess MAT BE A FOST OFFICE BOA)				77
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			- 28	ST
F4			PH သူ	- 유명 - 유명 - 유명
			- 0	
<u>Principal office address MUST BE A STREET ADDRESS</u>	<u> </u>		——————————————————————————————————————	
Enter new principal offices address, if applicable:			33.6	SEC
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Comp	any," the designation "Ll	LC" or the	abbreviatio
A. If amending name, <u>enter the new name of the limited l</u>	iability company he	<u>re</u> :		
This amendment is submitted to amend the following:				
Florida document numberL07000121744				
The Articles of Organization for this Limited Liability Compa	any were filed on	May 25, 2007	and ass	signed
(A Florida Limite	ed Liability Company)			
ASDESTOS & MESOTHEILOR (Name of the Limited Liability Com	pany as it now appea	rs on our records.)		

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>:

GR = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Carl H. Peterson IV	2317 N. Wickham Rd Melbourne, Florida 32935	Add Remove
			Add Remove
			Add Remove
 .			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.) —
_			
Dated	September 2	2009	
	DAVERS OF ARELAND	nber or authorized representative of a member ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00