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2008 JUN 16 PM 5: 06 SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations	
SUBJECT: Character Versity LLC (Name of Limited Liability Company)	
(Name of Limited Liability Company)	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
(Name of Person)	
(Name of Person)	
Chico Jean Lic (Firm/Company)	
(Firm/Company)	
3721 N 550 PM	
3721 W 550 Ru. (Address)	
City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
775.4 (2)	
(Name of Person) at (Marca Code & Daytime Telephone Number)	
(
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	osed)

MAILING ADDRESS:

TO:

Registration Section

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

Chicoso Vardy Lil				
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appea bility Company)	ars on our records.		
The Articles of Organization for this Limited Liability Company w	ere filed on	12/14/07	and assign	ied
Florida document number <u>L0700012409</u> 5				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	ty company he	ere:		
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Comp	pany," the designation	"LLC" or the abbr	reviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered offic	e address on	our records, enter	the name of ti	 he new
registered agent and/or the new registered office address here:		<u> </u>	me nume of the	1000
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida street a		
	(E		aaressy ≡ ≥====================================	
	(City)	, Florida _	ဟ(Zip Code)	Contractors.
New Registered Agent's Signature, if changing Registered Agent:			SEE. F	m
I hereby accept the appointment as registered agent and agree	to act in this c	capacity. I further as	T (/)	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, 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>Title</u> **Type of Action** <u>Name</u> <u>Address</u> ☐ Add -Remove ☐ Add ☐ Remove ſ Add ☐ Remove Remove ___ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00