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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

FEB 2 6 2008

EXAMINER

COVER LETTER

TO: Registration S Division of Co			· · · · · · · · · · · · · · · · · · ·
SUBJECT:	Oracl Avenue Ay (Name of Limited)	Diving Company)	·
The enclosed Articles of	f Amendment and fee(s) are submitte	ed for filing.	
Please return all corresp	ondence concerning this matter to th	e following:	
	C. Gordon		
		(Name of Person)	
		(Firm/Company)	
	POBOX 721	1473 (Address)	· · · · · · · · · · · · · · · · · · ·
	_	31(39) ty/State and Zip Code)	
	(Cit	ty/State and Zip Code)	
For further information	concerning this matter, please call:		
(Name of Person)		at (776) 432 8668 (Area Code & Daytime Telephone Number)	
Enclosed is a check for t	the 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)

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

08 FEB 25	SECRETARY OF STAT
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2	SHO

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A)	Florida Limited Liability Company)	<u>11001000</u>) (A
The Articles of Organization for this Limited Lia Florida document number <u>loa 12887471</u>	ability Company were filed on	26,2007 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C." B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our reco	
Name of New Registered Agent: New Registered Office Address:		
	(Enter Florida street address)	
	(City)	, Florida(Zip Code)
	(Cny)	(Lip 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action** Address Title Name Gordon ☑ Add Remove Add Remove Add Remove □Add Remove Add Remove 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 Carrier Gordon
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00