L08000002390

(Requestor's Name)				
(Address)				
(Audress)				
(Address)				
· · · · ·				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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DIVISION OF CORPORATIONS

• • • •		COVER	ETTER		
TO: Registration S Division of Co					
SUBJECT: POO	IL DESIGN			246	
	(Name of L	imited Liability (Company)		
The enclosed Articles of	Amendment and fee(s) are s	submitted for fili	ıg.		
Please return all correspondent	ondence concerning this mat	ter to the followi	ng:		
	PHIL	LIP H	223		
		(Name of	Person)		·
		(Firm/Cor	npany)		
	13640	3rs. 12.	U 613 C	E 10	و
		(Addre	ss)		
	BRADE			3421	٤
		(City/State and	Zip Code)		
For further information of	concerning this matter, please	e call:			
PHILLI	e HESS	at (Q	11) 92	18-0.	Selephone Number)
(Name	of Person)		(Area Code	& Daytime Te	elephone Number)
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	— Certifie	iling Fee & d Copy nal 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

SECRETARY OF STATE DIVISION OF CONFUNATIONS

08 FEB -7 PM 12: 45

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)

MGR = Man MGRM = Ma	ager anaging Member		
<u>Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
m6Rm	JUDITH HESS	13640 3.1 DUEN	NE WE Add . 34212 Remove
			Add Remove
			Add Remove
			AddRemove
			AddRemove
			Add Remove
. If amendi	ng any other information, enter cha	nge(s) here: (Attach additional sheets	EB T F
			ILED RY OF STATE CORPORATIONS 7 PM 12: 45
Dated <u>F</u> &	B. 544 , 21		

Page 2 of 2

Filing Fee: \$25.00