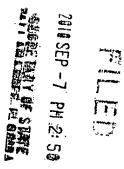
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Office Use Only



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COVER LETTER

COVERLETTER	
TO: Registration Section Division of Corporations	
SUBJECT: Christine Wilner LC 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:	
Christine Wilner Name of Person	
Christine Wilner UC	1
1193 S.W. Middle STREAM COURT	N
PAIM City FC 34990 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Christine Wilner at (772) 486-0892 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee . S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 Lia	ibility Company as it now appears orida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liabi Florida document number	lity Company were filed on			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company here	:		
The new name must be distinguishable and end with th	ne words "Limited Liability Compan	y," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable	e:	# .: 1/2 # # # # # # # # # # # # # # # # # # #		
(Principal office address MUST BE A STREET A	(DDRESS)	S		
Enter new mailing address, if applicable:		-7 PH		
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	25		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	_	ir records, enter the name of the new		
New Registered Office Address:				
row rogisted office radicas.	New Registered Office Address: Enter Florida street address			
_		, Florida		
_	City	Zip 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.

MGR = Mar MGRM = M	nager Ianaging Member	A Requore	
Title .	Name	Address	Type of Action # 207
Anage/ 3742 ADT	Glen Wilner SW Coaning Cove way # 207	3742 SW COQUING COVE	W(y ☐ Add Remove
	City FL 34990		Add Remove
			Add Remove
	·		Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessar	Add Add Remove
<u></u>			7 PH 2: 0
Dated	September 1.20	10. (1) A	
	Christia	or authorized representative of a member or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00