| (Re | equestor's Name) | | | | |
|-------------------------|--|-----------|--|--|--|
| | | | | | |
| (Ad | ldress) | | | | |
| | | | | | |
| (Ad | ldress) | | | | |
| | | | | | |
| (Cit | ty/State/Zip/Phone | - #) | | | |
| (=: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | | | |
| PICK-UP | WAIT | MAIL | | | |
| _ | | _ | | | |
| | | | | | |
| . (Bu | isiness Entity Nan | ne) | | | |
| | | | | | |
| (Do | cument Number) | | | | |
| | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| | | | | | |
| Special Instructions to | Filing Officer | | | | |
| opeoiai matractiona to | r imig Onicer. | | | | |
| | | | | | |
| | A 1 9 | INIT | | | |
| A. LUNT | | | | | |
| | APR 2 | 4 2008 | | | |
| | HI II W | | | | |
| | F=\/ A R / | | | | |

Office Use Only



300125016463

04/23/08--01038--007 **25.00

COVER LETTER

| то: | | istration S ision of Co | Section ' orporations | | | | | |
|-----------------|--------|----------------------------|--|---------------|---|---|----------------|-------|
| SUBJE | CT: | Omlor S | Services LLC | | | | | |
| | | | (Nan | ne of Lim | nited Liability Company) | | | |
| | | | f Amendment and fee(| | - | | | |
| | | | Leo Omlor | | | | | |
| | | | | | (Name of Person) | | | |
| | | | Omlor Service | es LLC | | TAL | 201 | |
| | | | - | | (Firm/Company) | - CR | ≅ | 771 |
| | | | 7926 Painted | Oak D | r | TAR TASS | 2008 APA 23 | FILED |
| | | | | | (Address) | | | m |
| | | | | - . 00 | 2040 | : ST | Ţ Ç | D |
| | | | Jacksonville | FL, 32 | (City/State and Zip Code) | | ¥ 32 | |
| For furth | ner in | formation | concerning this matter | , please c | | | | |
| Leo O | mlo | r | | | at (904) 626-4940 | | | |
| | | (Name | of Person) | | (Area Code & Daytime T | elephone Number |) | |
| Enclosed | d is a | check for | the following amount: | | | | | |
| ₹ \$25.0 | 00 Fil | ing Fee | \$30.00 Filing Fe Certificate of | | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filin Certificate Certified ((additiona | of Sta Copy | |
| | | Regist Divisi P.O. B | LING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314 | | STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center | ons | | |

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Omlor Services LLC | | | | | |
|--|---|---|--|--|--|
| (<u>Name of the Limited Li</u> (A Fl | ability Company as it now appears on our orida Limited Liability Company) | records.) | | | |
| (*** | | | | | |
| The Articles of Organization for this Limited Liabi | lity Company were filed on 01/22/200 | 8 and assigned | | | |
| Florida document number <u>L0800007307</u> | | | | | |
| This amendment is submitted to amend the following | ng: | ZD09 | | | |
| A. If amending name, enter the new name of th | e limited liability company here: | TIL 2009 APR 23 SECRETARY ALLAHASSEE | | | |
| The new name must be distinguishable and end with the "L.L.C." | ne words "Limited Liability Company," the | designation "IDC" or the abbreviation | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | 1 | | | |
| | | | | | |
| Name of New Registered Agent: | heo omlor | | | | |
| 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.

(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 Title <u>Name</u> **Address Type of Action** 7926 Painted Oak Dr mgrm_ Leo Omlor ✓ Add Jacksonville FL, 32210 Remove Loe Omlor mgrm 7926 Painted Oak Dr Add Jacksonville FL, 32210 Add Remove \neg Add Remove ىپ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated April 22 2008

Typed or printed name of signee

Leo Omler

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00