

LD8000008972

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EXAMINER

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TALLAHASSEE FLORIDA

LAW OFFICES
McCLELLAND, JONES LYONS,
LACEY & WILLIAMS, L.L.C.

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AARON D. LYONS
STEPHEN J. LACEY
TIMOTHY M. WILLIAMS

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June 24, 2008

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Articles of Amendment to ARI SPECIALTIES, LLC
Document No.: L08000008972

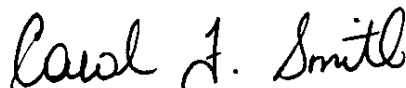
Dear Sir/Madam:

The enclosed original and one copy of the Articles of Amendment along with check payable to the **Florida Department of State**, in the amount of **\$60.00** representing the filing, certified copy and certificate of status for the above-captioned limited liability company.

I have additionally enclosed a self-addressed stamped envelope for the return of the stamped certified copy and certificate of status.

In the event you have any questions, please do not hesitate to give me a call in the office.

Sincerely,



Carol F. Smith, Paralegal Asst to
HARRY A. JONES, ESQ.

Enclosures: As Noted

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
ARI SPECIALTIES, L.L.C.

- FIRST:** The Articles of Organization were filed on January 24, 2008, and assigned document number L08000008972.
- SECOND:** The following amendment to the Articles of Organization was adopted by the limited liability company:

ARTICLE IV

The Limited Liability Company shall be managed and the activities of the Limited Liability Company shall be conducted as a Manager-managed company in accordance with the terms of the Limited Liability Company Operating Agreement. The name and address of the Managers are:

Robert J. Anderson	3660 N US 1 Post Office Box 765 Mims, Fl 32754
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William R. Anderson	3660 N US 1 Post Office Box 765 Mims, Fl 32754
---------------------	--

Eric A. Anderson	3660 N US 1 Post Office Box 765 Mims, Fl 32754
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John M. Anderson	3660 N US 1 Post Office Box 765 Mims, Fl 32754
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Woody Donnelly	3660 N US 1 Post Office Box 765 Mims, Fl 32754
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Jeremy K. Martin	3660 N US 1 Post Office Box 765 Mims, Fl 32754
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TALLAHASSEE FLORIDA

ARTICLE V

The names and address of the Initial Members of the Limited Liability Company are:

Robert J. Anderson 3660 N US 1
Post Office Box 765
Mims, Fl 32754

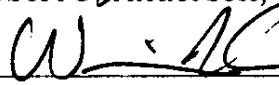
William R. Anderson 3660 N US 1
Post Office Box 765
Mims, Fl 32754

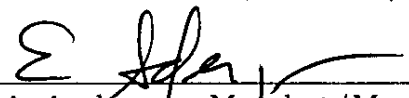
Eric A. Anderson 3660 N US 1
Post Office Box 765
Mims, Fl 32754

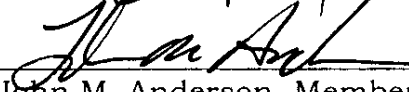
John M. Anderson 3660 N US 1
Post Office Box 765
Mims, Fl 32754

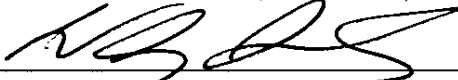
Dated: June ____, 2008.

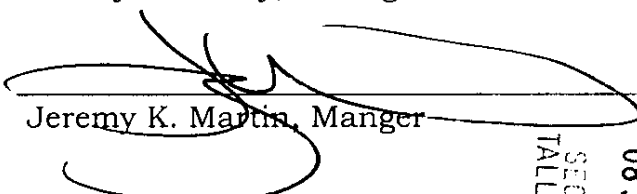

Robert J. Anderson, Member/Manager


William R. Anderson, Member/Manager


Eric A. Anderson, Member/Manager


John M. Anderson, Member/Manager


Woody Donnelly, Manager


Jeremy K. Martin, Manager

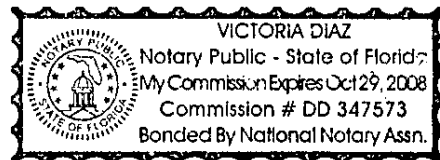
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TALLAHASSEE FLORIDA

STATE OF FLORIDA
COUNTY OF BREVARD

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, ROBERT J. ANDERSON appeared, and he acknowledged executing the foregoing instrument freely and voluntarily under authority duly vested in him. Said person ☒ is personally known to me or ☐ presented drivers license as identification.

WITNESS my hand and official seal in the County and State last aforesaid this 14 day of July, 2008.


Notary Public
My Commission Expires:

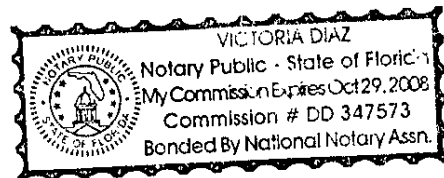


STATE OF FLORIDA
COUNTY OF BREVARD

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, WILLIAM R. ANDERSON appeared, and he acknowledged executing the foregoing instrument freely and voluntarily under authority duly vested in him. Said person ☒ is personally known to me or ☐ presented drivers license as identification.

WITNESS my hand and official seal in the County and State last aforesaid this 14 day of July, 2008.


Notary Public
My Commission Expires:

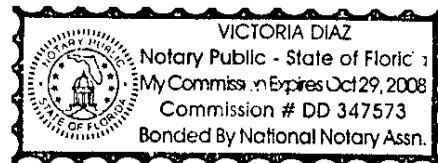


STATE OF FLORIDA
COUNTY OF BREVARD

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, ERIC A. ANDERSON appeared, and he acknowledged executing the foregoing instrument freely and voluntarily under authority duly vested in him. Said person ☒ is personally known to me or ☐ presented drivers license as identification.

WITNESS my hand and official seal in the County and State last aforesaid this 14 day of July, 2008.

Victoria Diaz
Notary Public
My Commission Expires:

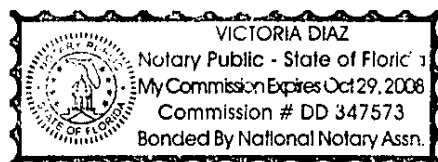


STATE OF FLORIDA
COUNTY OF BREVARD

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, JOHN M. ANDERSON appeared, and he acknowledged executing the foregoing instrument freely and voluntarily under authority duly vested in him. Said person ☒ is personally known to me or ☐ presented drivers license as identification.

WITNESS my hand and official seal in the County and State last aforesaid this 14 day of July, 2008.

Victoria Diaz
Notary Public
My Commission Expires:

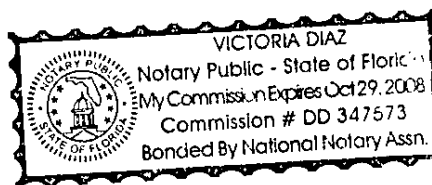


STATE OF FLORIDA
COUNTY OF BREVARD

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, WOODY DONNELLY appeared, and he acknowledged executing the foregoing instrument freely and voluntarily under authority duly vested in him. Said person ☒ is personally known to me or ☐ presented drivers license as identification.

WITNESS my hand and official seal in the County and State last aforesaid this 14 day of July, 2008.

Victoria Diaz
Notary Public
My Commission Expires:

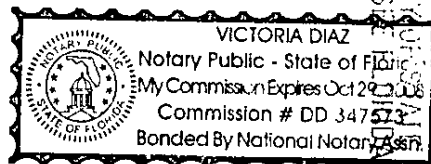


STATE OF FLORIDA
COUNTY OF BREVARD

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, JEREMY K. MARTIN appeared, and he acknowledged executing the foregoing instrument freely and voluntarily under authority duly vested in him. Said person ☐ is personally known to me or ☐ presented drivers license as identification.

WITNESS my hand and official seal in the County and State last aforesaid this 14 day of July, 2008.

Victoria Diaz
Notary Public
My Commission Expires:



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