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TAIL AHASSEE, FLORID!

D. BRUCE

APR 09 2008

EXAMINER

COVER LETTER

TO: Registratio Division of	on Section f Corporations	
SUBJECT:	(Name of Limited Liability Company) (Name of Limited Liability Company)	s PLL
The enclosed Article	es of Amendment and fee(s) are submitted for filing.	
Please return all corr	rrespondence concerning this matter to the following:	
	Michael Lansing (Name of Person) (Name of Person) (Name of Person) (Firm/Company) 2402 d.w 3154 Stact (Address)	08 APR SEGRE
Michae	bolu Rabon (1 33431 (City/State and Zip Code) tion concerning this matter, please call: 2 Lansing at (561) 39-9292	R-9 PM I: 01 TARY OF STATE ASSEE, FLORIDA
,	for the following amount: (Area Code & Daytime Telephone Number)	
\$25.00 Filing Fee	\$30.00 Filing Fee & Status Status Status Certified Copy Certificate Copy (additional copy is enclosed) Certified C	of Status &

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

CAE Cons	1					
(Name of the Limited I (A)	Liability Company as Florida Limited Liabili	it now appears on our re ty Company)	cords.)	_		
The Articles of Organization for this Limited Lia		filed on OL-05	1-08 and	d assign	ed	
Florida document number LOBO DOC	<u> </u>		TALLA	08 APR		
This amendment is submitted to amend the follow	wing:		LAHASSEI	-9		
A. If amending name, <u>enter the new name of t</u>	the limited liability		OF STAN	PH 1: 0.1	O	
The new name must be distinguishable and end with "L.L.C."	the words "Limited L	ability Company," the des	ignation "LL C" or	the abbr	reviation	
B. If amending the registered agent and/or registered agent and/or the new registered offi		address on our record	s, enter the nar	ne of t	<u>he new</u>	
Name of New Registered Agent:			· ·			
New Registered Office Address:	ew Registered Office Address: Ibil NW 2 19 Cute (Enter Florida street address)					
	Boca Ri	<u>にわっ</u> , F	lorida <u>334</u> (Zip	32 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:

	: Manager I = Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>mbri</u>	Michael J. Lansii		Add Add Remove
MUR	n Harold R. Tussler	MUSCALE Florida	Add Remove
	<u> </u>		Add Remove
			App. App. App. App. App. App. App. App.
			Add GRemove
			Add Remove
D. If an	nending any other information, enter cl	-	
	Manhina Michael 10 Michael N. Lan Only Rading Midd	sing Same address.	
			·
Dated _		1000	mbar
		mber or authorized representative of a me \ae\lambda\lambda\lambda\in \aggregartarrow\in \aggreeneq \text{yped or printed name of signee}	<u>.</u>

Page 2 of 2

Filing Fee: \$25.00