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DIVISION OF CORPORATIONS

ON SEP -3 AM 11: 49

J. BRYAN

SEP - 4 2008

**EXAMINER** 

## **COVER LETTER**

División of Co					
SUBJECT:	Lion Li	mousine	LLC		
	(Name of Limi	ited Liability Company)		· ·	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Micho Lion (	(Name of Porson)	ددد		DIVISION OF C
	<u>4355</u>	(Firm/Company)	r dr	<del></del>	P-3 AHII: 19
	Winder,	mere fl	34786	<b></b>	
		(City/State and Zip Code)			
For further information	concerning this matter, please co	ali:			
Michae	L Lyons	at (324)66			
(Name	of Person)	(Area Code	& Daytime Telepl	hone Number)	
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is e		1\$60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy	itus &
Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 passee, FL 32314	Registratio Division o Clifton Bu 2661 Exec	f Corporations		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF		10 2 2 m
, ,			一 场 强震
Cion Cim	ansine	220	12 000
(Name of the Limited Liability	Company as it now	appears on our records	
(A Florida L	imited Liability Com	pany)	
The Articles of Organization for this Limited Liability Co		2/15/08	
The Articles of Organization for this Limited Liability Co	ompany were mea c	on <u> </u>	and assigned
Florida document number 408000169	<u>'</u> 0 /		
This amendment is submitted to amend the following:	-18	0	
, ,			
A. If amending name, enter the new name of the limi	ted liability compa	<u>ny here</u> :	
$\Lambda //A$			$\bigcirc$
The new name must be distinguishable and end with the wor	ds "Limited Liability	Company," the designati	on "LLC" or the abbreviation
"L.L.C."			•
Enter new principal offices address, if applicable:			
• • •			
(Principal office address MUST BE A STREET ADDR	(ESS)		<del></del>
Enter new mailing address, if applicable:			
• • • •			· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)			
		<u></u>	
B. If amending the registered agent and/or regist		s on our records, <u>en</u>	ter the name of the new
registered agent and/or the new registered office addi	ress nere:		
	./ /-	r ,	
Name of New Registered Agent:	NA		
N D 14 1000 411	/		
New Registered Office Address:		(Futou Florida stra	ot addrana)
	(Enter Florida street address)		
		, Florid	
	(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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>4684</u>	Michael hyons	4355 Blue Major dr Stracy mere FC	Add Remove
16R	Courie Regnolds	4355 Blue Unior der 34246	Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
D. If ame	Sust Adding of as a member.  8/28, 200	La	SECRETARY OF STATE DIVISION OF CORPORATIONS  08 SEP -3 AHII: 49
	$\underline{\hspace{1cm}}$	or southorized representative of a member  (' \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-

Page 2 of 2

Filing Fee: \$25.00