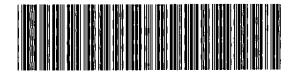
L080000173a8

(Requestor	s Name)		
· (Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-ÚP V	WAIT MAIL		
(Business E	Intity Name)		
(Document	Number)		
Certified Copies Co	ertificates of Status		
Special Instructions to Filing Of	ficer:		
·			
,			

Office Use Only



200188437042

12/09/10 01004 013

10 DEC -9 PH 3: 51

5619886852

COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT:	Omprehensive Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	26.37 Pompano	Shedd Name of Person - Sive / cads Firm/Company E Atla-hic BlV Address Beach Fl City/State and Zip Code The Company Company The Company Code The Code Code The Code Code The Code Code Code The Code Code Code The Code Code Code The Code Code Code Code The Code Code Code Code Code Code Code The Code Code Code Code Code Code Code Cod	D # 14968 33062
For further information of	E-mail address: () concerning this matter, please o		tion)
Dougles Name of		at (X/) 588 C Area Code & Daytime T	6856 elephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	1 10 (6	6 5	1 1 1 1 1 1 1 1
(Name of the Limited Liability C	Company as it now appears on enited Liability Company)		9 22
`	- /	- 1	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 2//	F/2008 and assign	n ed (⊆
Florida document number LO 8000 17328		<u> </u>	SA
		5	D. S.
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," t	he designation "LLC" or the abb	 previation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAX BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office addre		ecords, enter the name of t	the new
Name of New Registered Agent:			
New Registered Office Address:	Futar Fi	orida street address	
·	Hand L		
	City	, Florida 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

5619886852

12/30/2010 11:55

MGR = Manager

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:

MGRM = Managing Member Type of Action Address Title Name MGRM 🔲 Remove ☐ Add Remove Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00