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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Coosinion (Manager)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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02/25/08--01038--021 **30.00

08 FEB 25 AMII: 59

\$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

For de-

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Euclose

FF \$75

STREET/COURIER ADDRESS:

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	Liability Company as it now apper Florida Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Lia Florida document number SO OOC	ability Company were filed on <u>C</u>	2/19/2008	OBF SEC	ied
This amendment is submitted to amend the follow	wing:		EB 25 AI	
A. If amending name, enter the new name of			AM II: 59 OF STATE EFFLORID	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "	LLC For the abb	reviation
The A			0.780	•
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on ice address here:	our records, enter	the name of 1	he new
This are Name of New Registered Agent:	Lazaro A. Ca:	stillo		
A. 1): New Registered Office Address:	4812 S Centra	1. Blvd. # Enter Florida street ad	14 idress)	
The action of the control of the con	Jupiter (City)	, Florida	33458 (Zip Code)	भ _{्या} । संबद्धाः
B. 12 See Agent's Signature, if changing Re	egistered Agent:		A STATE OF THE STA	Sa Shit
I hereby accept the appointment as registered the provisions of all statutes relative to the pro accept the obligations of my position as regist	oper and complete performance	e of my duties, and I	am familiar wi	ith and

Page 1 of 2

(If Changing Registered Agent, Signature of New Registered Agent)

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.

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the me Steel access - er e serviñ - sita Sie e viig er e serviñ - Ods doere evite CORTS 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:

 $\frac{\partial C}{\partial c} = i$

MGR = Manager

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<u>Title</u>	Name	<u>Address</u>	Type of Action
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	Signature of a n	nember or authorized representative of a memb	er .
_		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00