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SECRETARY OF STATE

J. BRYAN

JUN 12 2009

EXAMINER

COVER LETTER

	Registration S Division of Co			
SUBJEC	CT:	Central	Florida PI, LLC	
The encl	osed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		Kelly Williams		
			Name of Person	55 AA
		С	entral Florida PI, LLC	50 E-M
			Firm/Company	HASE
			P.O. Box 2615	PH PH
			Address	PH 1:59 SEE, FLORIC
v			Vindermere, FI 34786	ATE PRIDE
			City/State and Zip Code	
		E-mail address: (cfprivatei@aol.com to be used for future annual report notifica	tion)
For furth	er information	concerning this matter, please c		,
	K	elly Williams	at (407) 8	76-6302
Name of Person		of Person	Area Code & Daytime 1	elephone Number
Enclosed	l is a check for	the following amount:		
\$ 25.0	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)
		LING ADDRESS:	STREET/COURIE	R ADDRESS:
Registration Section			Registration Section	one

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_			SER - M
. (Name of the Limited	Central Florida PI, LLC	aces on our macords	TO TO
(Name of the Limited)	Liability Company as it now app Florida Limited Liability Company	y)	PH 1:59
			الرع
The Articles of Organization for this Limited Lia	bility Company were filed on _	February 25,2008	and assigned
Florida document number	<u>-</u> 9580		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company l	nerę:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Con	npany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applica	ble:		<u></u>
(Principal office address MUST BE A STREE)	(ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E			
INTALLING UQUIESS MAT BE A FOST OFFICE D			
B. If amending the registered agent and/o registered agent and/or the new registered off		n our records, <u>enter t</u> l	he name of the new
Name of New Registered Agent:			
New Registered Office Address:		Francisco at a del	
	Enter Florida street address		
		, Florida	
	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:

	Manager = Managing Member		
Title	<u>Name</u>	Address	Type of Action
	-		Add Remove
			Add Remove
			Add Remove
***************************************			Add Remove
			Domoreo
			AddRemove
D. If am		nge(s) here: (Attach additional sheets, if necessange from Kelly Hite to Kelly Williams All other information the same	
Dated	June 4,	2009	JUN I PH
	Xesty W	per or authorized representative of a member	STAN S

Page 2 of 2

Filing Fee: \$25.00