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SECRETARY OF STATE
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D. BRUCE

APR 20 2010

**EXAMINER** 

## **COVER LETTER**

Tallahassee, Florida 32301

CR2E079 (5/06)

TO: Registration Section Division of Corporations		
SUBJECT: ALL County /		
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for	
Please return all correspondence concerning this	matter to:	
Michael Anaville (Contact Berson)		
All (auty Madia LL (Firm/Company)		
\$5590 Wellester	PARK Drive #301	
Bocg Raton, FL 3 (City/State and Zip Code)	33433 EARS 10 APR 10 AP	
For further information concerning this matter, pl	ease call:	
Michael Anguille at		
Enclosed please find a check made payable to the	Florida Department of State for:  \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
ZOOT EXECUTIVE CENTER CIRCLE	Tallahassee, Florida 32314	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ 2/28/08 Florida document number <u>L080000</u>.1344 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

Fage 1 of 2

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> Name <u>Addres's</u> **Type of Action** . 7 MB 1 ☐ Remove 30 Add Remove  $\square$ Add Remove ∏Add <del>7. ;</del> Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated March 2010 Signature of a number or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00