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OBLIVES OF CORROL OF THE CORROL OF

M. THOMAS

NOV - 5 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EJE ON THE PEIZE L.L.C. (Name of Limited Liability Company)	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JASON GOVER (Name of Person)	
ELE ON THE DRIZE L.L.C.	
109 CAHNERY LANE	55 88 T
DESTIN, FL 32550 (City/State and Zip Code)	N-5 P
For further information concerning this matter, please call:	FLU 22
ASON GOVEL at (850) 499-7914 (Name of Person) (Area Code & Daytime Telephone Number)	- Page 9
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (additional copy is enclosed)	Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELE ON THE	PRIZE L.LC.
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 40800026910.	were filed on $\frac{3/15/2008}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2 2
(Principal office address MUST BE A STREET ADDRESS)	77 0
	<u> </u>
	بي الم
Enter new mailing address, if applicable:	95. 6
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	(Enter Florida street address)
	, Florida
	(City) (Zin 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 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 **Type of Action** <u>Title</u> **Name Address** Remove 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