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**EXAMINER** 

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2010 FEB 15 PH 3: 28
SECRETARY OF STATE
FALL AHASSEE, FLORIDA

FILED

## **COVER LETTER**

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TO: Registration Section Division of Corporations		
SUBJECT: Satellite On Name of Lin	nited Liability Company	
The enclosed Articles of Amendment and fee(s) are su	abmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
satell	McGarry Name of Person  ite One UC Firm/Company  Le St. Suite 1 Address	FILED  2010 FEB 15 PM 3: 28  SECRETARY OF STATE TALLAHASSEE, FLORIDA  O
Lake Ma	Address  Ny FL 3274L  Cily/State and Zip Code  an @ MSn. Com  (to be used for future annual report notification)	<u>e</u>
For further information concerning this matter, please		
Sean McGarry Name of Person	at ( <u>802</u> <u>233</u> <u>53</u> Area Code & Daytime Telepl	Z8 hone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\text{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)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci	

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Satellite	1 11	201 TAI
(Name of the Limited Liability Com	npany as it now appears on our recorded Liability Company)	S ARE B
The Articles of Organization for this Limited Liability Comparing Florida document number 108-38706.	lalae	B 15 assigned 3: 28 HASSEE. FLORID
This amendment is submitted to amend the following:		DE CO
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	118 Middle Suite 1012 Lake Mary	St. FL 32746
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	118 Middle S Suite 1012 Lake Mary	St. FL 32746
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
	. Florid	
·	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 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>Address</u> Title <u>Name</u> \_ Add Remove ☐ Add ☐ Remove ☐ Add ☐ Remove Remove S **No**move ( D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_

Typed or printed name of signee
Page 2 of 2

Signature of a member or authorized representative of a member

Filing Fee: \$25.00