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(Requestor's Name)					
(Address)	—				
(Address)					
(Audiess)					
(City/State/Zip/Phone #)	_				
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entity Name).					
(Document Number)					
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					
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SECRETARY OF STATE
ALLAHASSEE, FINATE

D. BRUCE

SEP 9 2009

EXAMINER

	Edura	d British	
		Name of Person	
			•
•		Firm/Company	
	1371 Summi	+ Pines Blud 13215 Address	
		Address	
	West-Ralm E	City/State and Zip Code	
	eddie O E-mail address: (iprintandusign. Com to be used for future annual report notificat	ion)
or further information c	oncerning this matter, please of	all:	
Edward Br	ชพา	at (561) 683 363	KO
Name o	f Person	Area Code & Daytime To	elephone Number
Enclosed is a check for the	nc following amount:		
\$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)

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

(Name of the Limited		mers LLC	n our records	
(A	Florida Limited L	iability Company)	mour records.)	
The Articles of Organization for this Limited Lia Florida document number <u>LOS DOCO 303</u>	ability Company	were filed on 12	23/08	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company	" the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	1371 Sur	mit Pines	Blud #3215
(Principal office address MUST BE A STREE)	(ADDRESS)	West Palm	Beach, f1	33412
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE L	<u>80X)</u>	1371 Sun West Palm B	omit Pinis (Blud #3215
B. If amending the registered agent and/o registered agent and/or the new registered off			records, enter	-8
Name of New Registered Agent:	_ tdu	and Brow	<u>~</u>	
New Registered Office Address:	1371 S	ummil-Pinis Enter	Blud #33 Florida street ad	55
	WOST Pal	m Beach	, Florida	33415
		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

	ng Member being added or remov	ved from our records:	
MGR = Ma MGRM = I	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MOR	JESSICA L'Religiones	West form Beach, Fr. 33417	Add Remove
			Add Remove
			Add Remove
	.		Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.,)
_		ALLAHAS	O9 SEP
_		SEE, FLOR	ILED -8 PHI2:55
Dated	<u>8 30 </u> € ,	<u>2009</u> .	55
	Signature of a	member or authorized representative of a member	
	<u>κ. ε. (, υωυ</u>	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00