## L08000032601

| (Requestor's Name)                               |  |  |  |
|--|--|--|--|
| (Address)  |  |  |  |
| (Address)  |  |  |  |
|  |  |  |  |
| (City/State/Zip/Phone #)                         |  |  |  |
| PICK-UP WAIT MAIL                                |  |  |  |
| (Business Entity Name)                           |  |  |  |
| (Business Entity Name)                           |  |  |  |
| (Document Number)                                |  |  |  |
| Certified Copies Certificates of Status          |  |  |  |
|  |  |  |  |
| Special Instructions to Filing Officer:  A. LUNT |  |  |  |
| APR 1 5 2008                                     |  |  |  |
|  |  |  |  |
| EXAMINER   |  |  |  |
|  |  |  |  |

Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORID,

APR I A I

## **COVER LETTER**

| Division of Corporations  |
|---|
| SUBJECT: Poyner Holdings International LLC (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:    Donald Poyner (Name of Person)  |
| Donald Poyner LLC (Firm/Company)  |
| 270 Swan Lane (Address)  Ungstev FL 33458 (City/State and Zip Code)   |
| For further information concerning this matter, please call:  |
| Donald Payner  at (561) 307-1900  (Name of Person)  (Area Code & Daytime Telephone Number)  |
| Enclosed is a check for the following amount:  \$\sum{25.00 Filing Fee}\$ \$\sum{\$\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) |
| MAILING ADDRESS: STREET/COURIER ADDRESS:  |

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Poyner Holdi   |  | LIC                               |                         |
|--|--|-----------------------------------|-------------------------|
|  | <b>Liability Company as it now appea</b><br>Florida Limited Liability Company) | rs on our records.)               |                         |
| The Articles of Organization for this Limited Lia  |  | 3.31.08                           | and assigned            |
| This amendment is submitted to amend the follo   | wing:  | ,                                 |                         |
| A. If amending name, enter the new name of Donald Smith Poyner,                            | LLC  |                                   |                         |
| The new name must be distinguishable and end with "L.L.C."                                 | n the words "Limited Liability Compa   | any," the designation "BH   ASSE! | C" or the 2 obreviation |
| B. If amending the registered agent and/o<br>registered agent and/or the new registered of |  | our records refler 1: 24          | e manne of the new      |
| Name of New Registered Agent:  |  | <i>→</i>                          |                         |
| New Registered Office Address:   | (E   | nter Florida street addr          | ess)                    |
|  | (Citv)   | , Florida                         | (Zip Code)              |
|  | • • •  |                                   | 1 1                     |

## 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:

| MGR = M<br>MGRM = | anager<br>Managing Member               |   |   |
|-------------------|---|---|---|
| <u>Title</u>      | <u>Name</u>                             | Address                                     | Type of Action  |
|                   |   |   | Add   |
|                   |   |   | Remove  |
|                   |   |   | · Add   |
|                   |   |   |   |
|                   |   |   |   |
|                   |   |   | Add Remove  |
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|                   |   | V20.4-1-1000000000000000000000000000000000  | Add Remove  |
|                   |   |   | ***   |
| <del></del>       |   |   | Add Remove  |
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|                   |   |   | Add.  |
|                   |   |   | A TARENT STATE OF THE STATE OF |
| D. If amen        | ding any other information, enter c     | hange(s) here: (Attach additional shee      | ts, if newstary 🔑   |
| _                 | <u> </u>                                |   |   |
|                   |   |   | <u>Dr. 2</u>  |
| <del></del>       | *** *********************************** |   |   |
| _                 |   | ·   |   |
| Dated             | + April ,                               | 2008  |   |
| 15/11Cd           |   | 1//   |   |
| • .               | Signature of a mo                       | imber or authorized representative of a men | nber  |
|                   | Donald F                                | yped or printed name of signee              |   |

Page 2 of 2

Filing Fee: \$25.00